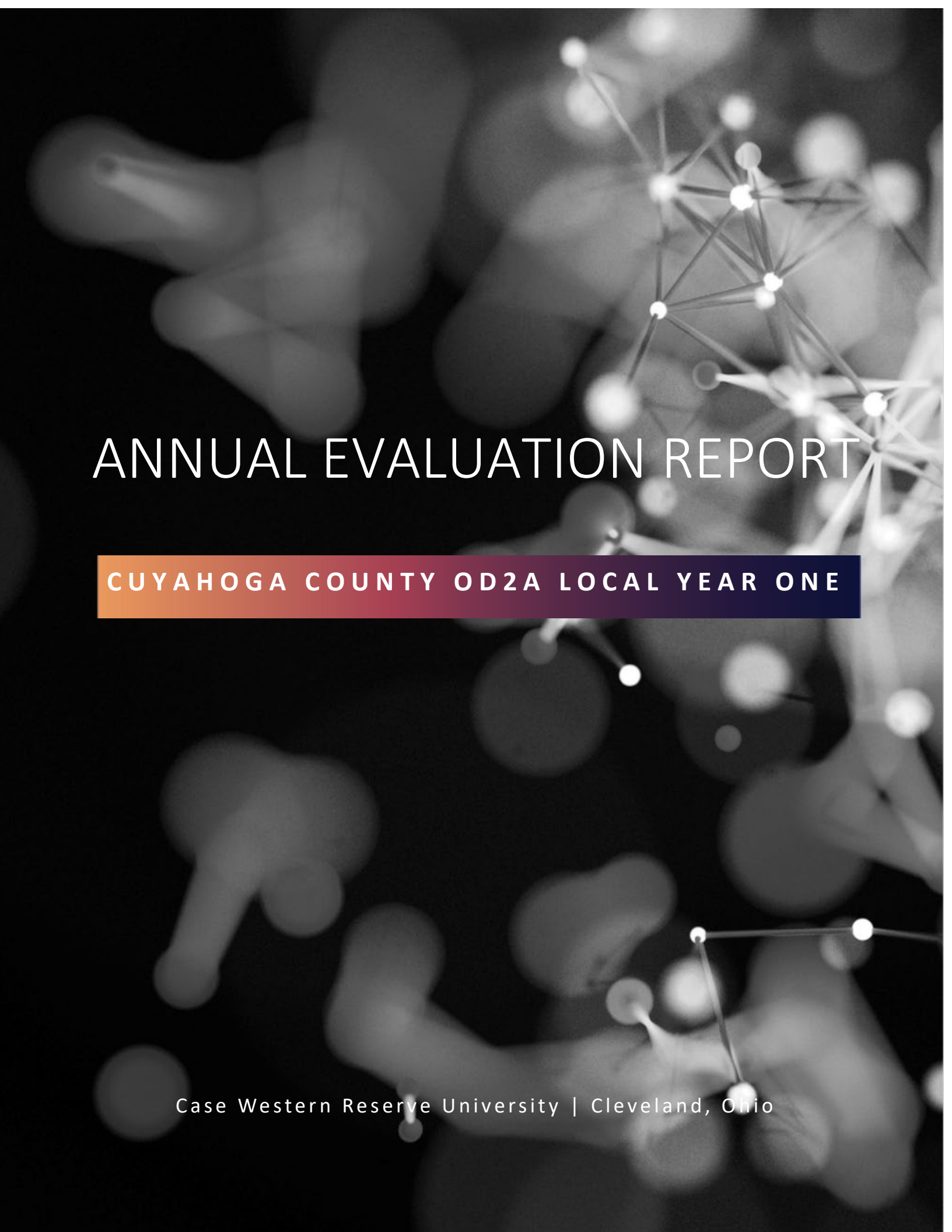


ANNUAL EVALUATION REPORT

CUYAHOGA COUNTY OD2A LOCAL YEAR ONE

Case Western Reserve University | Cleveland, Ohio

ACKNOWLEDGEMENTS

The Begun Center for Violence Prevention Research and Education, Jack, Joseph and Morton Mandel School of Applied Social Sciences, Case Western Reserve University promotes social justice and community development by conducting applied, community-based and interdisciplinary research on the causes and prevention of violence, and by educating and training social workers, teachers, law enforcement and other professionals in the principles of effective violence prevention. The Center also develops and evaluates the impact of evidence-based best practices in violence prevention and intervention, and seeks to understand the influence of mental health, substance use, youth development and related issues on violent behavior and public health.

This publication was supported by the Overdose Data To Action LOCAL grant, 1 NH28CE003558, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services. Access and use of REDCap was made possible through the Clinical and Translational Science Award (UL1TR002548).

We wish to acknowledge the following individuals' contribution to this report:

THE BEGUN CENTER

Michelle Riske-Morris, PhD, JD
Daniel Flannery, PhD,
Sarah Fulton, MA
Vaishali Deo, MD, MPH
Junghyae Lee, PhD,
Luma Masarweh-Zawahri, PhD
Ryan McMaster, MA
Ivette Noriega, PhD

We also which to acknowledge the following individuals' assistance for the overall administration of the OD2A-LOCAL Initiative.

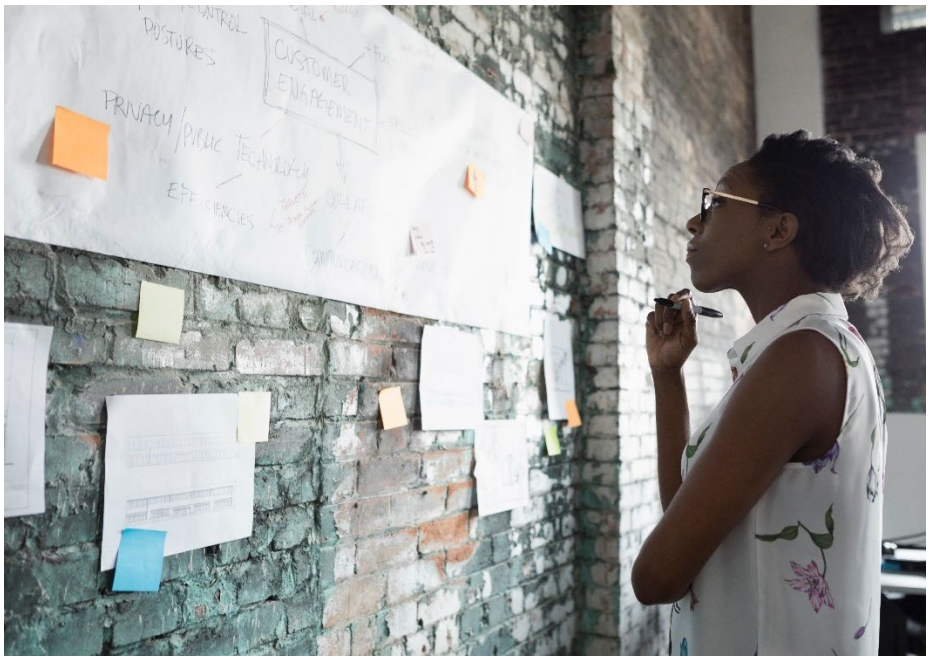
CUYAHOGA COUNTY BOARD OF HEALTH

Rebecca Karns, MPH
Rebecca Hysing, MPH
Emily Landis
Samantha Smith, MA, MS
Svetlana Zelenskiy, PhD
Kenya L. Moyers, MPH

INTRODUCTION

The Begun Center for Violence Prevention Research and Education (Begun Center) at Case Western Reserve University serves as the evaluator for the Cuyahoga County Board of Health (CCBH) Cuyahoga County Overdose Data to Action LOCAL (CCOD2A LOCAL) Initiative funded by the Centers for Disease Control and Prevention (CDC) grant, 1 NH28CE003558. The Initiative has three components. Component A has the goal of enhancing and improving the effectiveness of Cuyahoga County, Ohio's (County) system of care and includes multi-level, long-established, and well-integrated surveillance, prevention, linkage to treatment and retention directives. This report summarizes the outcomes and achievements of 14 partner agencies during the first year of the grant (September 1, 2023- August 31, 2024), including an overview of activities and progress under Component A's four strategies as identified by the CDC. Strategy One is linkage to and retention in care, Strategy Two is harm reduction services, Strategy Three is stigma reduction and Strategy Four is clinician best practices. Progress on surveillance activities is also discussed.

CCOD2A Local Component B involves the testing of drug paraphernalia from local syringe exchange services as a means to monitor the dynamic and complex drug supply, and to inform locally tailored and culturally relevant solutions. Component C seeks to expand and standardize a surveillance data system in Cuyahoga County on linkage to and retention in care for substance use disorder (SUD) for Cuyahoga County's MetroHealth Medical Center's (MH) prevention-focused activities. Year One for both components involved planning and therefore there are no evaluation findings to report.



CCOD2A LOCAL AGENCIES

CCOD2A LOCAL Managing Agency:

The Cuyahoga County Board of Health (CCBH) serves as the public health authority for 880,000+ County residents and businesses. CCBH's long history of public engagement has been essential in developing its organizational and cultural capacity to administer the grant program.

CCOD2A LOCAL Partnering Agencies:

The Begun Center for Violence Prevention Research and Education (Begun Center) has been home to a distinguished group of applied community-based research, evaluation, training, and technical assistance specialists, as well as a research partner to various local, state, and national non-profit, foundation, and government organizations. The Begun Center also provides program evaluation, evidence-based training, technical assistance, and research dissemination via publications, project reports, and conference presentations.

Cleveland Department of Public Health (CDPH) is the public health organization for the City of Cleveland. The department strives to improve residents' lives by promoting healthy behavior and providing services to prevent disease and protect the environment. CDPH's Division of Health Equity and Social Justice (HESJ Division) focuses on finding solutions to health inequities and disparities.

Cleveland State University (CSU) is a public institution of higher education established in 1964 with 17,000+ students, 10 colleges and schools, and more than 175 academic programs. CSU developed and continues to expand *DrugHelp.care*, a web-based application designed to provide timely information to medical providers, first responders, and those in need of services, to improve treatment access and reduce wait times.

Cuyahoga County Medical Examiner's Office (CCMEO) is a public agency responsible for investigating violent, suspicious, sudden, and unexpected deaths, including overdose deaths. CCMEO tracks opioid-related deaths in Cuyahoga County and has been the primary data source for opioid, stimulant, and other drug overdose deaths in the County, providing information on drug supplies, purity levels, and use patterns. CCMEO currently disseminates emergency and monthly reporting on preliminary and investigative data.

Hispanic Urban Minority Alcoholism Drug Abuse Outreach Project (HUMADAOP) empowers Hispanic/Latinx individuals and Spanish-speaking communities to reduce the negative impact of HIV/AIDs, violence, and substance use. Through bilingual, culturally sensitive, prevention, intervention, treatment (inpatient and outpatient), and re-entry programs, HUMADAOP addresses systemic barriers while fostering trust.

MetroHealth Medical System (MetroHealth) is the County safety-net and academic teaching hospital. MetroHealth was among the first hospitals to establish a Peer Review Panel utilizing Ohio's prescription drug monitoring program (PDMP) as a guide for proactive reports to prescribers. MetroHealth also established the region's first Office of Opioid Safety focused on education, advocacy, and treatment.

Project White Butterfly (PWB) is a non-profit organization that uses low-threshold care methods and an understanding of the lifestyles of those in active use to provide support through boots-on-the-ground, street-based, culturally relevant outreach to individuals using substances in the community who may be missed by existing programs. PWB also works to reduce stigma to help remove barriers to treatment and provides community peer support to help sustain long-term recovery for people in recovery.

Sisters of Charity Health System (SOC) helps people successfully link to care. Recovery Services professionals offer ongoing, evidence-based support to those experiencing serious and persistent mental illness, co-occurring substance use disorder, and/or trauma, with targeted services for those at risk of re-hospitalization or requiring more treatment than a traditional outpatient clinic can offer.

The Center for Health Affairs (The Center) has advocated for and led collaboration among Northeast Ohio hospitals (e.g., home base for the Northeast Ohio Opioid Consortium comprised of advisors from the Cleveland Clinic, University Hospitals, MetroHealth Medical Center, St. Vincent Charity Health System, and Northeast Ohio Veterans Affairs Health System). The Center's efforts often target education and patient management, harm reduction, prevention, treatment, data collection, and public policy.

The Centers for Families and Children (Centers for F/C) is a federally qualified health center (FQHC) offering integrated health and wellness, workforce development, and early learning and family support. Among other evidence-based services, the Centers for F/C runs a syringe services program (SSP) that provides access to harm reduction supplies and links clients to substance use and other treatment services.

Thrive for Change (T4C) is a certified Project DAWN site and is a Cuyahoga County-based non-profit organization focused on reducing stigma and fatalities amid the overdose crisis. Services include targeted community outreach and mail order strategies for naloxone and harm reduction supplies distribution, education, advocacy, and cross-sector collaboration.

Thrive Peer Recovery Services (Thrive) is certified by the Ohio Mental Health and Addiction Services for Peer Recovery Support and Case Management. They work in emergency departments (EDs) and in many communities throughout the state to support linkage to treatment via evidence-based care.

The Woodrow Project (Woodrow) runs six Ohio Recovery Housing certified sites in the County with a mission to provide a safe, stable, and supportive environment to women who have experienced a non-fatal OD, have been court-ordered to recovery housing, or otherwise would be homeless. Its evidence-based, certified Project SOAR (Supporting Opioid Addiction Recovery) peer recovery support program staff work within Cleveland Clinic EDs to link patients to appropriate treatment.

EVALUATION DESIGN AND REPORTING

Institutional Review Board Review

The Case Western Reserve University's Institutional Review Board (IRB) determined that the evaluation for the OD2A LOCAL Initiative was not research involving human subjects. IRB approval and monitoring is not required at this time.

Methods

The evaluation employs multiple methods to facilitate a comprehensive integration and analysis of primary and secondary data. This includes outcome and process measures to assess the effectiveness of Cuyahoga County, Ohio's system of care, which includes multi-level, long-established, and well-integrated surveillance, prevention, treatment linkage, retention in care, and evaluation strategies.

Online Surveys. Data collection methods include secure surveys of selected partners, programs and service providers using REDCap. Access and use of REDCap is made possible through the Clinical and Translational Science Award (UL1TR002548). REDCap allows evaluators to develop, distribute, and track online assessments with both qualitative and quantitative methods. It is compatible with Excel, SPSS, R, and SAS and is stored behind a secure data firewall. Online surveys are also used to assess the effectiveness of all CCOD2A LOCAL efforts across all strategies, including individual level data for individuals accessing and linking with treatment and harm reduction services.

Focus groups and Annual Surveys. The Begun Center also collects data relating to CCOD2A LOCAL process development and implementation. The process evaluation is conducted on an ongoing basis and data is collected annually via focus groups and surveys with agencies and organizations participating in the project. The focus groups provide an opportunity to explore descriptions of protocols, experiences, perceptions, and opinions of barriers that hinder the ability to collect data used to inform prevention. Questions also examined barriers and successes in reaching users and linking them to treatment. Qualitative data from the focus groups are included in this report in quotes and themes in conjunction with the quantitative findings. The direct quotes contain very minor edits and points of clarification appearing in brackets.

Sharing and Accessing Data. High-risk data, such as personal health information (PHI), require a secure data environment (SDE). CWRU's SDE provides services for storing and analyzing sensitive evaluation data in line with regulatory standards including HIPAA and FISMA. This includes data access and transfer via encrypted USBs and laptops. CWRU maintains a private cloud environment that delivers virtual desktops, and a secure internal network for web application delivery using a risk-based information security program, which includes the implementation of controls that meet recommendations or requirements of regulatory and information security standards. Data dictionaries, codebooks and other documentation relevant to using the datasets are included in the repository.

For this report, the information collected from the partner agencies is reported by strategy, then by intervention. As the first year also involved a planning year, data collection did not start until January 2024. ***Data for Year One encompasses the period of January 2024 through August 2024.*** During the year data collection tools for each agency continued to be refined and revised, with REDCap serving as the primary data collection tool for monthly reporting by partner agencies. While the overarching objective was consistency in the monthly partner agency reporting, variations in data collection occurred due to differences in programs and services. These differences reflect the diverse strategies and target populations served by partner agencies.

LINKAGE TO CARE

PARTNER AGENCIES

- CENTERS for F/C
- CDPH
- HUMADAOP
- METROHEALTH
- PWB
- SOC
- Thrive
- Woodrow

The CCOD2A LOCAL Initiative's objective for this strategy is to increase the use of navigators to link People Who Use Drugs (PWUD) to care and services. Although this strategy also examines retention in care for those linked with services, data on retention in services is still preliminary and will be reported next year. Through collaborative efforts with hospitals, community-based service agencies and the Cuyahoga County jail, partner agencies identify and outreach to individuals in need of treatment services for opioid use disorder (OUD) and stimulant use disorder (StUD). In addition to treatment, partner agencies also seek to increase awareness of harm reduction services.

Partner agencies employ diverse yet effective strategies to connect individuals impacted by overdose to treatment and services. Their approaches are rooted in flexibility, community engagement, harm reduction, and individualized care, with a strong focus on meeting the unique needs of at-risk populations. Many of these individuals face significant barriers to accessing traditional healthcare, such as transportation issues, life events, or cultural and systemic barriers. By adopting tailored, client-centered models, these agencies are able to provide more inclusive and effective care. Incorporating harm reduction strategies is another key component in these agencies' efforts to improve outcomes for individuals affected by overdose.

One key component in this strategy is the employment of navigators. Navigators include peer recovery specialists, care coordinators, counselors, and case managers. Many agencies hire individuals from the same communities they serve, ensuring that care is more relatable, culturally sensitive, and accessible. ***Peer recovery specialists, especially, can build trust with clients by offering support that is informed by shared experiences.*** This approach fosters a sense of connection and engagement, making it easier for individuals to seek out and adhere to treatment.

In Year One, 32 navigators were employed to assist and link PWUD to care and services. To support navigators, partner agencies adopted multifaceted strategies to ensure workforce retention and overall well-being. These strategies focus on meeting both professional and personal needs, creating environments where staff can thrive while effectively fulfilling their responsibilities.

Flexible work arrangements play a pivotal role, allowing staff to adjust their work hours to accommodate personal obligations or community needs. For example, some agencies allow evening or weekend shifts or give staff autonomy to design their own work schedules. Many agencies offer competitive benefits, including paid leave, health insurance, retirement contributions, and resources like Employee Assistance Programs (EAPs) and access to wellness tools such as stress reduction

programs or mental health apps. Wellness initiatives also include targeted programs to address burnout prevention, self-care, and emotional health. Monthly or regular sessions on mental health, stress management, and grief support reinforce the importance of resilience and emotional well-being. Some agencies foster community engagement, allowing staff to build meaningful connections within the communities they serve, while others create supportive environments through recognition programs that highlight individual and team achievements. These measures aim to alleviate stress and promote a healthy work-life balance.

In addition to benefits, agencies prioritize professional development for navigators. Professional development includes ongoing training in areas such as motivational interviewing, emotional resilience, mental health first aid, and trauma-informed care. These training programs equip staff with the skills and knowledge necessary to handle complex situations and build stronger connections with the individuals they support. Many agencies also sponsor attendance at conferences and workshops, further enriching staff expertise and career growth. Access to work tools like cell phones, laptops, and mileage reimbursements ensure navigators are well-supported in the field.

NAVIGATORS TO SUPPORT LINKAGE

Navigators help link PWUD to care and harm reduction resources. These individuals are familiar with the local public health landscape and work directly with individuals with OUD and/or StUD to ensure they can overcome barriers when seeking care. Navigators also provide support to assist individuals in fully connecting with treatment and supporting their retention, as well as provide additional support to help those in need of other services, such as harm reduction and social support. The following summarizes outreach activities of partner agencies using navigators in a variety of settings to help PWUD connect with treatment.

Community Outreach – Harm Reduction Setting

Several partner agencies conduct community outreach to engage individuals into treatment, including the Centers for F/C, CDPH, HUMADAOP, and PWB. During Year One navigators demonstrated how their outreach efforts increased linkage to care for individuals with SUD. Their work is also aimed at connecting with underserved or marginalized populations (Hispanic, Black, returning citizens and those who are homeless).

The **Centers for F/C** provides outreach services within its Syringe Services Program (SSP). The SSP operates at different locations identified as high-burden overdose areas. Care coordinators provide referrals and linkages to treatment for those in need. ***During this first year of the grant, 1,190 individuals visiting the SSP were identified and engaged by care coordinators.*** The average age of clients is 43.36 years (SD = 11.64). Most clients self-identified as White (40%, n= 475), non-Hispanic (57%, n=684) males (37%, n = 440). Of those clients engaged only a small percentage (n=22) agreed to a referral for treatment and 16 linked to treatment; the majority of

these individuals were white, non-Hispanic females. Most clients were referred to and linked with MAT/MOUD.

CDPH outreaches to community members during public health events. ***During the first year 170 individuals were screened during local health and community events in Cleveland.*** Part of the screening focuses on SUD, specifically for opioids and stimulants. Those identified with SUD are provided with referrals to local mental health and SUD providers. Managed care companies ensure that participants have access to health care coverage and know about the in-network resources and programs for SUD treatments for nicotine, alcohol, and all other substances including stimulants and opiates as well as co-occurring illnesses. In Year One, six individuals were engaged and referred to treatment; average age of 39.2, 50% male and 50% Black/African American.

HUMADAOP focuses on enhancing linkage and retention of PWUD into treatment services, particularly within underserved populations such as Hispanic/Latinx communities, returning citizens, and individuals experiencing homelessness. Navigators help address systemic challenges, including cultural stigma and language barriers, while providing bilingual, culturally sensitive services. As one staff person noted, *"For many in the Hispanic community, addiction is not viewed as an illness but as a moral failing. We have to constantly work to reshape that narrative."* During this first year, HUMADAOP approached 102 individuals, with 68 of them engaging in discussions regarding their treatment needs. ***The demographic profile of these individuals highlights HUMADAOP's success in reaching a predominantly Hispanic population, with 72% (49 individuals) identifying as Hispanic.***

Age distribution was concentrated among younger adults, with 31% of individuals in the 25-34 age range and another 31% in the 35-44 range. The majority of those served were male, representing 74% of the group. Out of those engaged, 50 individuals agreed to be referred to treatment services or other SUD-related resources, and 35 were successfully linked to treatment. *"In our culture, what we call Personalismo is really important…historical trauma…comes from a place of defense, protection, and self-preservation. We work within that framework by walking with them throughout the whole process" HUMADAOP Staff.*

Most referrals were for outpatient treatment (66%), with outpatient services also dominating successful linkages (80%). Interpreters and/or translation services were provided to bridge language barriers and ensure that clients could effectively communicate and engage with treatment providers. Moreover, navigators assisted 25 clients in obtaining insurance coverage, which is essential for accessing and continuing treatment.

PWB's certified peer supporters engage people ***during street outreach to connect individuals missed by other programs*** to local recovery service providers. PWB also operates a phone line Monday through Friday 9am to 5pm and employs social media accounts to connect people to services. In Year One, PWB encountered 18 individuals. *"We have a community dinner once a month, and we have served, I think, 18 peers that we connect with on like an ongoing basis. And you know, the*

opportunity to do these things is not only important to us on a professional level, but it is impactful to our own recoveries" PWB Staff. The average age of these individuals is 34.6 years old, with 83% (n=15) reporting to be female and 78% (n=14) White. ***Of the clients PWB engaged, 83% (n=15) were linked with services.*** Clients were linked primarily to non-professional services (67%, n=10), inpatient services (13%), outpatient services (7%), and two clients with "other" services (13%).

PWB offers a Community Night every Saturday at The Recovery Collective currently operating out of 6400 Memphis Ave, Cleveland. Community Night includes two support meetings and a FREE dinner for all attendees. PWB invites individuals and organizations to provide a meal for their weekly dinner. Dinner sponsors have the opportunity to advertise their services. The dinners have been providing a meal for people from a variety of walks of life including recovery housing, residential treatment, local community members and homeless people in the area. On average 35 individuals attend these Saturday night dinners.

Outreach to Incarcerated Individuals – Public Safety Setting

MetroHealth provides continuation treatment for returning citizens through its Expanded Access to MAT (ExAM) program. Inmates are screened for OUD at intake as part of their medical evaluation as well as through a formal process called the Clinical Opiate Withdrawal Scale (COWS) if withdrawal symptoms are observed. The client is then triaged to the MAT clinical team for a full physical evaluation to determine MAT appropriateness. The MAT clinical team will provide direct patient care, including administration of buprenorphine, Vivitrol® and monitoring medication adherence, as well as oversee individual and group behavioral health therapy.

During the first year, the ExAM program engaged 383 inmates. The average inmate age is 37.6 years (SD = 9.46); with an age range spanning 19 to 74 years, highlighting a diverse age distribution among inmates. Most participating inmates self-identify as White, accounting for 61% (N = 233) of the population and 32% as Black (n = 117). Only 7% of the population identify as Hispanic or Latino (n = 27). The majority of the inmates participating in the program are male (81% , n = 311).

Connecting individuals with treatment can often be challenging, especially for those leaving incarceration, who have competing priorities of reconnecting with loved ones, finding a place to live and employment. Upon release from incarceration, **MetroHealth** connects individuals with community-based MOUD care. ***Among those released from incarceration in Year One (n=158), the ExAM program has an exceptional linkage rate with (100%) successfully linking to community-based MOUD care.*** MetroHealth's efforts demonstrate the importance of this correctional-based program in linking individuals to MOUD. This success is likely due in large part to MetroHealth's efforts to provide a warm handoff for individuals to treatment services upon release from jail.

Emergency Department Outreach – Clinical Setting

During the first year of the grant, **Thrive** provided peer recovery services at MetroHealth's Overnight emergency department (ED) to individuals presenting with an overdose (OD), SUD or a behavioral health diagnosis and connected them with treatment and other social services. Thrive peer supporters encountered 56 clients and spent an average of 45 minutes with each client.

We just try to arm them against the disease of addiction when they're out there, so that, like I said, they stay alive long enough for us to get our hands on them. And, you know, give them options. Options are important. . . Give people choice, and when people have choices, you know, they tend to listen a little bit better, tend to be more open-minded. Thrive Staff

Of those encountered, 39 clients (70%) engaged with Thrive. For some of the clients who did not engage, it was because they were not ready or willing to seek treatment at that time. A client could be encountered more than once if they showed up at the ED on more than one occasion. The median age of engaged clients was 41 (range=34.0-55.0) years, 67% (n=26) were White, 33% (n=13) were Black, and 2 (5%) were Hispanic. The majority were male (n=36, 92.3%). Of those referred to treatment (n=33), 19 clients linked with treatment, 6 with inpatient and 13 with detoxification. The most common reason for clients not linking with treatment was that the client decided to go to treatment later. Unavailability of beds and clients who were not ready or willing at that time were other reported reasons for not linking with treatment.

Outreach To Those in Crisis – Clinical Setting

SOC works to improve the lives of those most in need with special attention to families, women and children living in poverty. ***In Year One, SOC encountered 35 individuals that self-reported use of opioids and stimulants.*** The average age of

these individuals was 47 years old, with 49% (n=17) reporting to be male and 66% (n=23) reported to be Black/African American. Of the 35 clients who engaged with SOC navigators, six clients agreed to be referred to services and were linked, 3 with outpatient services, 1 to MAT/MOUD, 1 to non-professional services, and 1 with other services (not listed).

Outreach by Telehealth in the ED

Woodrow has a peer recovery (PR) supporter on call model called Project SOAR (Supporting Opiate Addiction and Recovery) that provides virtual PR support to individuals presenting at Cleveland Clinic Lakewood and Lutheran EDs with OD or SUD. In Year One, Woodrow PR specialists engaged 305 clients and spent an average of 84.4 minutes (SD=41.0) during each client encounter. An individual could be encountered more than once if they came into the ED on more than one occasion. Woodrow reported that 17 clients reengaged with their PR specialists more than once during this reporting period. The average age of the clients was 44 years (SD=13.1). The majority of the clients were non-Hispanic (n=287, 94%), white (n=180, 59%), males (n=229, 75%). ***Of those engaged, 283 (93%) were linked with services;*** 264 (93%) were linked with detoxification, 181 (64%) with inpatient treatment, 7(2%) with outpatient treatment, 3 (1%) with MAT/MOUD, and 6 (2%) with other treatments. The most common reason for not being linked with treatment was clients changing their mind at the time (n=14, 70%). Other reasons included clients experiencing distress (n=5, 25%) or insurance issues (n=2, 10%).

Woodrow's peer recovery support program is unique in that services are provided virtually. Woodrow PR specialists connect with the clients via an iPad at the hospital once the clients agree to meet with them. Woodrow provides peer recovery support through immediate, virtual peer support. Staff noted the benefits of virtual support *"It's easier also for us, because a lot of the times we're making three-way calls to the facility with, you know, the client on the line, and then we're calling the treatment center, and then to connect the calls. It's just much easier …"* Woodrow PR specialist followed up with 91 clients in 30 days and 15 clients in six months. The most common reason for not being able to reach the client was no response to phone calls or emails, and lack of contact details of the clients. At 30-day follow-up, 70.3 % (n=64) of the clients reached were engaged in treatment, most commonly non-professional treatments (n=45, 49.5%), and outpatient treatment (n=23, 25.3%). At 6-month follow-up, 12 (80%) clients were engaged in treatment, 11 (73%) in non-professional, and the rest in other treatment services.

In subsequent years the evaluation will compare and contrast programs in levels of success around linking individuals of various populations into treatment. For example, the Centers for F/C are able to engage a large number of individuals regarding their interest in treatment and harm reduction at their SSP; however, few want to be linked with treatment. Individuals' interest at a SSP may be more

geared toward harm reduction than treatment. MetroHealth's ExAM program and Woodrow's Project SOAR are also able to engage a large number of individuals and also link the majority of them with treatment services. These programs have been in place for several years. Comparisons with other linkage programs are not appropriate at this time as some programs were new this year and needed time to set up their peer navigation. It is also important to note that data was only collected during the second half of the year and does not represent a full year.

NAVIGATORS TO SUPPORT RETENTION

In addition to the use of navigators to help link individuals to treatment, the CCOD2A LOCAL Initiative employs navigators to provide additional assistance to help clients link with support services. Through this holistic approach, navigators assist individuals obtain services to address needs that may otherwise pose a barrier to treatment retention, as well as provide support for clients in their continued treatment.

Woodrow provides peer navigation for women in recovery housing (e.g., financial, social, physical, emotional, vocational, spiritual, environmental, and intellectual support). *"In my opinion, the patient navigator, one of the things that she really helps with is having people not overreact, not feeling defeated, really working through those systems" Woodrow Staff.* The patient navigator uses a trauma-informed approach to connect individuals to primary care and psychiatric appointments, helping them maintain retention in care and reducing ED visits.

The main focus is really getting them connected to their chosen pathway of recovery and being able to break down some of the barriers; transportation, a lot of issues, people's criminal justice, backgrounds, employment, ...severe co-occurring mental health conditions. So, the patient navigator goes through, sits down with the person. They identify goals that they want to work on, and they take action steps to be able to complete those goals. Woodrow Staff

In Year One, the patient navigator spent an average of 63 minutes (SD=25.0) at initial encounter and assisted 24 residents. The clients had a mean age of 38.6 years (SD=12.8), with 17 (71%) white, 6 (25%) Black, and 1 (4%) Hispanic race/ethnicity. Fifteen clients (62%) reported homelessness, 8 (33%) were engaged in MAT/MOUD, 2 (8%) in behavioral treatment and 2 (8%) in treatment for alcohol use disorder. At the initial encounter, the patient navigator identified a total of 417 needs/services for these residents, the most common being long term housing (n=20, 83%), short term housing (n=18, 75%), employment (n=15, 62%), transportation assistance (n=14, 58%), and volunteer opportunities (n= 19, 79%).

A 90-day follow-up was completed for all 24 residents. At follow-up, 6 (25%) residents continued to work with the patient navigator. A third of the residents (n=8, 33%) were engaged in behavioral treatment. ***Of the 417 needs identified at initial encounter, the patient navigator was able to complete, or was in the***

process of helping clients address, 270 (65%) of those needs. While the remaining 147 (35.3%) were not addressed, the main reason for this was because the client left the facility before it could be completed. Common needs not addressed were housing, vocational training, college application, and credit counseling.

Thrive also provides community peer support to clients receiving treatment at MetroHealth's Parma and Broadway outpatient departments. ***Peer supporters refer clients to additional treatment services and other social services as per the clients' needs.*** *"I'm not here to do a lead, but just to be that hope dealer, right? Just to be that hope dealer. And you know, even if the time is not now, I don't care if it's two years from now, but that's what I love" Thrive Staff.* Thrive peer supporters identified 31 clients at these two sites in Year One and spent a median of 44 minutes (range=24.0-83.5) with each client. About half of the clients (n=15, 48.4%) engaged with peer support. These clients were non-Hispanic (n=12, 80%), white (n=12, 80%), males (n=9, 60%) with a median age of 44 years (range=38.5-52.0). Most clients who did not engage with Thrive were already in treatment (69%). Additional treatment referrals were given to 6 (40%) clients, including inpatient treatment (n=3,50%), detoxification (n=3, 50%), and nonprofessional treatment (n=2, 33%). Two clients were known to have linked with treatment, one for inpatient treatment and one for detoxification. Thrive staff provided referrals for other services to these clients. The majority (n=11, 73.3%) of the clients were referred to community peer support. Harm reduction resources were provided to one client.

NAVIGATORS TO LINK TO HARM REDUCTION

In addition to linking individuals who have SUDs and/or PWUD with evidence-based long-term treatment via partnerships with community organizations, public safety, and in healthcare settings, partner agencies also support peers in accessing harm reduction resources. The CCDO2A LOCAL Initiative improves access for populations via culturally competent navigators who are knowledgeable of harm reduction resources within the County. The navigators work directly with individuals with OUD and/or SUD/StUD and PWUD to facilitate access to other services (e.g., harm reduction, social support).

For most agencies, clients linked to treatment services are also given harm reduction supplies, such as Narcan® or referrals to other harm reduction services. For example, ***all clients linked to services with CDPH and The Centers for F/C received referrals for harm reduction services.*** For HUMADAOP, 2 clients referred for services also received referrals for harm reduction services. Although data shows only two harm reduction referrals for HUMADAOP, focus group discussions suggest that referrals may be underreported due to informal outreach methods or stigma-related client hesitancy. A HUMADAOP staff member highlighted the broader goal: *"It's not just about sending them to a service; it's about keeping them safe and giving them tools to protect themselves."* Among the 158 individuals linked to community-based MAT through MetroHealth's ExAM program, 39 also

received a Project DAWN kit, a critical resource for preventing opioid overdose fatalities. PWB provided harm reduction to 11 of the 15 individuals linked with treatment including naloxone, condoms, and fentanyl testing strips. For SOC, out of the six individuals linked with treatment one individual was referred to harm reduction services. This proactive outreach ensures that individuals missed by other programs receive life-saving tools and education.

DEVELOP ELECTRONIC RESOURCE HUBS

CSU's Drughelp.care is an electronic resource hub dedicated to improving treatment access for PWUD and individuals with SUD. The platform supports public safety, emergency medical services, and community health workers by providing real-time connections to local SUD treatment providers and availability. As a CSU team member noted, timely access is critical for individuals seeking care: *"We populate [walk-in services] to the top, so those are the first that come up on the website... So they'll know if I go to this place today, I'm getting help today... that's huge for people looking for care, because when you're ready now, you're ready now; you might not be ready in five minutes."* ***CSU also hosted six training sessions with 43 attendees from EMS, public safety, and health organizations. These sessions enhanced the capacity of these stakeholders to effectively identify, refer and connect individuals to SUD services.***

To expand its reach within Ohio's Hispanic community, CSU began translating Drughelp.care into Spanish. This bilingual platform ensures culturally relevant and linguistically accessible support, offering a comprehensive database of clinicians and facilities providing treatment and harm reduction resources. By addressing language barriers, CSU prioritizes equitable access to care for underserved populations.

The platform's inclusion of walk-in and immediate-access services addresses a key need for PWUD seeking prompt assistance and is regularly updated for accuracy. Throughout this reporting period, CSU registered four new treatment agencies and completed 33 updates to existing provider information to maintain the platform's accuracy and relevance. ***From January to August 2024, Drughelp.care recorded significant website engagement, with cumulative user visits reaching 28,400 and a cumulative 8,100 pages viewed.*** *"So we know people are using the site, we know that it is helping because people are using it" CSU Staff*. Searches for service providers have increased monthly, indicating a growing and engaged user base actively seeking support through the website.

WORKFORCE DEVELOPMENT FOR PEER SUPPORT SPECIALISTS

Thrive's workforce development program supports individuals with lived experience of substance use to become peer recovery supporters (PRS). Individuals in recovery walk beside individuals starting their own recovery journey, using their lived experience to help engage, connect, and facilitate linkage to both treatment and social services resources. PRS can provide structured services while emotionally meeting and supporting an individual's needs, addressing a gap that historically was void in previous types of treatment models. As one staff person noted, *"I'm able to help people like me find careers [for] people who never thought that that was possible. "*

In Year One, Thrive enrolled 10 individuals for their internship, all of whom passed the Ohio PRS certification exam. Of these individuals, 9 (90%) interns completed the 11-week internship shadowing program and 6 (60%) received job placements. *"We do train people to set everything aside to be able to grow right. That is our goal. And as far as reaching different ethnic backgrounds, races, different things like that, all types of people come to us" Thrive Staff*.

HARM REDUCTION

CCOD2A LOCAL Initiative's objective for this strategy is to implement services and programs that increase treatment entry, reduce drug use frequency and high-risk drug use practices, and improve the overall health of PWUD with a focus on reducing overdose. Collaborating with other agencies working in harm reduction, partner agencies strive for awareness, education and community distribution of harm reduction services for PWUD, as well as aim to increase the individuals' role in decision-making regarding recovery.

PARTNER AGENCIES

- CENTERS for F/C
- CDPH
- CSU
- CCBH
- HUMADAOP
- PWB
- SOC
- The Center
- T4C

As part of this strategy partner agencies host training and webinars that provide harm reduction information, in addition to convenings and newsletters. Educational convenings involve community partners that support linkages between treatment and prevention. Additionally, through community outreach events, partner agencies can reach a broader audience to explain what naloxone is, how it works, and why it is important to carry, as well as inform community members and people who use drugs why it is important to utilize other harm reduction resources such as fentanyl testing strips, safe smoking kits, and proper wound care. PWUD are also encouraged to not use alone. Partner agencies distribute naloxone in different settings, including community organizations, local businesses, public safety offices, schools, treatment/recovery agencies, and 12-step meetings for people in recovery.

NALOXONE TO HIGH RISK POPULATIONS

Partner agencies reported many challenges in naloxone access and distribution, including stigma surrounding harm reduction tools like naloxone, smoking kits, fentanyl test strips, and xylazine test strips. Agencies reported some adverse reactions and resistance in the communities while giving out these tools. Additional barriers include lack of awareness about where to obtain harm reduction tools, fear or uncertainty about how to use them, and a general lack of knowledge about their purpose. For example, someone who uses stimulants being unaware that fentanyl could be present.

Another barrier is that naloxone boxes are often locked or located in inconvenient locations, limiting quick access. Lack of a physical location or a mobile unit and having staff to help build the kits are some of the other logistical challenges reported by the partner agencies. Having harm reduction distribution centers or service centers housed within a hospital or a health center can also pose challenges for individuals with higher needs who may not feel comfortable waiting in a lobby setting,

particularly those from encampments where the environment is not conducive for individuals who are under the influence. Another challenge is geographic limitation, as the agencies need specific permissions to expand beyond a city's borders. This limits their reach to surrounding areas, even if they are close by. The work of the partner agencies in Year One worked to address many of these barriers and challenges.

T4C developed and implemented a Leave Behind Program to increase access to naloxone for those who need it the most. Naloxone leave-behind is a collaboration between public health and public safety that allows EMS clinicians and EMTs to leave naloxone on-scene with patients and their support system, receive training and support, and learn more about stigma. In Year One, T4C held an information session for EMS leaders and the Cuyahoga County Emergency Services Advisory Board (CCESAB) on harm reduction, stigma education and the importance of using first person language to garner interest in joining the Naloxone Leave Behind Program. ***In April and May 2024, T4C hosted the Leave Behind training with the Mayfield Heights Fire Department where they trained 37 EMS personnel.*** Naloxone kits were distributed during these sessions to all the attending personnel who had the opportunity to learn about harm reduction and stigma education.

T4C's Leave Behind program targets individuals who have experienced nonfatal overdoses and are thus at higher risk. The program provides essential resources and support to those most in need, addressing the broader social factors that contribute to health disparities.

T4C staff shared how they have used their own lived experiences to help others understand the complexities of SUD and meet them where they are at:

When you have a one-on-one conversation with someone, it's so different than when you're interacting with a group as a whole, or something like having those one-on-one conversations about what's going on, what our experiences, what we've seen work, what, you know, our staff's lived experience has been like. Those are things that people can't really like argue so much with, and it really helps, like, shift the perspective. So, I found those to be the most beneficial. …the foundation of harm reduction is meeting people where they're at and constantly reminding ourselves of that when it comes to people who don't understand harm reduction. Like, how do we meet those individuals where they're at in their current framework, and, you know, internal biases and things, and help them. T4C Staff

The **Centers for F/C** enhanced their harm reduction activities within their SSPs located at their mobile units and clinics. Harm reduction services included needs-based needle exchange, HIV and HCV testing, naloxone distribution, harm reduction kits, safe sex kits, and fentanyl strips. ***The organization has been successful in engaging 1,909 individuals in harm reduction services and has distributed 4,353 doses of***

naloxone. Distribution of harm reduction services across various zip codes demonstrated a wide community reach. Naloxone was also made available through vending machines, dispensing 164 units.

As part of this intervention The Centers for F/C are actively working to improve awareness and access to harm reduction services for PWUD. Partnering with T4C, they are involved in community distribution efforts and ensuring that PWUD play a key role in decision-making, including informing supply orders. However, stigma remains a significant challenge, hindering both health education and the willingness of clients to carry harm reduction materials such as naloxone and suboxone, despite having valid prescriptions. There is also a strong emphasis on fostering supportive interactions between PWUD and community organizations, public safety partners, and clinicians. By involving PWUD in the decision-making process and ensuring their voices are heard, The Centers for F/C aims to create a more inclusive approach to harm reduction. This effort seeks to ensure that services and supplies are better tailored to meet the needs of the community, ultimately increasing the effectiveness of harm reduction strategies. As one staff person noted:

Our Distribution Program has expanded so more organizations are wanting to be included, to be able to provide services, so that, in itself, helps increase our capacity without having to be there in person … I think was really important and successful in maintaining those relationships. But honestly, like I said, harm reduction is just not just an agency thing, it's sort of a community of agencies ... It's a relationship building that I think has been successful this last year ... I think being a part of these meetings is important because we get that point of view from a harm reduction perspective. Community outreach, building bridges and relationships, has been successful this year as well. Centers for F/C Staff

In addition to naloxone, OD2A LOCAL partner agencies provide other important harm reduction services and tools. In Year One **The Centers for F/C** distributed fentanyl (n= 664) and xylazine test strips (n=504) through their SSP. 583 individuals were provided with Bubbler Smoking Kits and 372 individuals received Stem Smoking Kits with a total of 496 kits distributed. 15 individuals were also interested in information on HCV Screening and HCV Treatment.

The **CCBH** also distributes harm reduction tools to organizations that provide resources in the community. In Year One, CCBH distributed 11,664 fentanyl test strips to 13 organizations and 1,006 bookmarks to 26 organizations. These bookmarks offer information on community resources for individuals seeking treatment for SUD.

As part of Strategy 2A **CCBH** also utilized clinics and mobile units to enhance access to harm reduction services and tools. During 24 community events, ***CCBH staff engaged 1,385 individuals in discussions about harm reduction, including providing naloxone***

kits. CCBH staff also provided naloxone training to individuals employed in the service industry. In Year One, 400 individuals completed the naloxone training. The majority of the participants were female (63%, n=253). Most identified as either White (54%, n=215) or Black/African American (29%, n=116). As part of the training, participants were asked to complete a survey. One question asked if they had ever overdosed or witnessed an overdose, and although the majority responded no, 31 individuals indicated "yes." For those who indicated that this was not the first time they had received a naloxone kit (n=61), 17 reported that their last kit was used to reverse an overdose and of the 17, 12 of the individuals survived.

CDPH were trained on a Layperson Naloxone Administration curriculum. ***In Year One, CDPH held 45 harm reduction events within the city of Cleveland, attended by 2,282 individuals.*** These harm reductions events were hosted across various neighborhoods in Cleveland. Downtown Cleveland (n=6), Glenville (n=6), and Ohio City (n=5) had the highest number of harm reduction events hosted by CDPH. Thirty-four events were community health related events, nine were outreach events, and two were Layperson Naloxone Administration training events. During these harm reduction events, 84 naloxone doses were distributed. Additionally, 157 individuals were screened for SUD during these harm reduction events. CDPH also installed 36 NaloxBoxes across Cleveland.

HUMADAOP played a critical role in ensuring naloxone distribution within the Hispanic and Latino communities. This was achieved through vending machines and drop-off sites positioned in neighborhoods with high overdose rates, particularly within Hispanic populations.

HUMADAOP also aimed to improve awareness of harm reduction services through interviews on Latino radio stations, writing articles in Spanish newspapers, and participating in segments on local Spanish TV channels. ***HUMADAOP participated in, as well as hosted, educational seminars and outreach events (n=21) designed specifically for the Hispanic community, distributing naloxone and educational materials in both English and Spanish to ensure broader community engagement.*** In Year One 86 individuals received naloxone training conducted in Spanish.

In addition to formal community events, naloxone was also distributed to individuals in other community settings (212 pre-measured doses). A staff member mentioned during a focus group, *"The outreach events give us the opportunity to meet people where they are—literally. It's about being visible and accessible in spaces where people feel safe."*

Over the course of the reporting period, HUMADAOP launched 4 public awareness campaigns to enhance the community's understanding of harm reduction services and the availability of naloxone. *"Raising awareness through social media is*

essential," said one staff member. *"It helps us reach people who might not attend events but need the information just as much."*

COMMUNITY RESPONSE PLANS

In Year One, ***T4C looked to establish collaborations and partnerships to develop an Overdose Spike Response Plan to disseminate critical and life-saving information and establish calls to action following community overdose spike alerts to aid individuals with SUD through the use of data and surveillance.*** Collaborators included many OD2A partner agencies, CDPH, CCBH, CCMEO, CWRU, MetroHealth, and PWB, as well as additional community organizations and local initiatives such as the Northern Ohio Recovery Association (NORA), the Cuyahoga County Prosecutor's Office, the Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board of Cuyahoga County and the SOAR Initiative. The Centers for F/C also joined the collaborative to provide insight from a medical standpoint about how different types of alerts and their frequency could play a significant role. The collaborative also discussed how to customize alerts to prevent fatigue and improve patient safety and outcomes. Recently, the American Heart Association and the Euclid Neighborhood Collaborative joined to become informed on the community response plan and were instrumental in providing insight into how to better engage and involve more underserved communities.

T4C staff shared that they have made active efforts to reach marginalized populations to address health inequities that exist in the county: *"when it comes to the planning of these calls to action and alert process, we are incorporating stakeholders from diverse audiences and from the communities that we're trying to reach, and developing plans with focus on reaching those disproportionately impacted." T4C Staff*

For example, T4C had discussions with Radio One and the City of Cleveland to create a campaign to focus on underserved communities in the Cleveland area and address critical issues involving the community response plan. Additionally, T4C worked directly with the Cuyahoga County Prosecutor's Office, US Attorney's Office, and other stakeholders to plan post-overdose response efforts using publicly available safety data.

T4C is hoping their Leave Behind Program will be more active in the upcoming year: *"We highlighted those successes of engaging with the community, of bringing together these stakeholders. I think the biggest barrier, from my perspective, has been being able to get the leave behind kits actually out there into the community. That's one of my areas that I am looking forward to seeing improvement in Year Two."*

TRAINING ON HARM REDUCTION STRATEGIES TO LAW ENFORCEMENT

In Year One, the **Centers for F/C** ***made significant efforts to enhance community partnerships laying the groundwork for educating law enforcement and community***

partners about the importance of harm reduction services (e.g., mental health and addiction organizations, law enforcement, etc.). The Medical Director and Director of Programming for the Centers for F/C actively participated in meetings and case conferences to foster better care coordination. Advocacy for expanding harm reduction services in East Cleveland also occurred including presentations to the CCBH Board of Directors. The LGBT Center, Pride in Cle, remained one of the Centers for F/C key collaborators. New partnerships were formed with organizations like Studio West, as well as with the Cuyahoga County Overdose Spike Response Project, Eden House, and Northeast Ohio Collaboration for the Homeless (NEOCH) to further strengthen harm reduction efforts. The Centers for F/C also held seven workforce development and training sessions with staff to build the capacity of care coordinators and medical personnel to deliver effective harm reduction services. These combined efforts reflect a strong commitment to community engagement and improving the availability of harm reduction services in the county.

COALITIONS TO SUPPORT HARM REDUCTION ENVIROMENTS

CSU implemented a harm reduction-focused intervention that emphasized building and strengthening coalitions that support local harm reduction efforts by expanding access to life-saving resources like naloxone, increasing public awareness about harm reduction, wound care, and addressing the health disparities that disproportionately affect vulnerable populations in overdose prevention. ***In Year One, CSU registered 99 new harm reduction services on its website, expanding access to critical resources.*** Drughelp.care now lists Narcan® (naloxone) distribution points, needle exchange programs, fentanyl testing strips, drug disposal sites, safer smoking/snorting kits, HIV and hepatitis testing, and pregnancy prevention resources. These additions are intended to facilitate easy access to critical resources for PWUD, healthcare providers, and community organizations. Additionally, CSU has integrated harm reduction education into its training curriculum to further raise public awareness of these resources.

CSU staff also attended community events, such as the Homeless Standdown, to connect directly with individuals in need and provide information on substance use care and harm reduction resources. Recognizing the challenges some community members face in accessing naloxone, CSU assessed the availability and accessibility of naloxone/NaloxBox locations throughout Northeast Ohio. Field observations revealed inconsistent accessibility, with some locations having restricted hours or locked storage. To address this, CSU is working on refining the Drughelp.care site to reflect real-time access details, such as specific availability hours, to better serve those in need.

HUMADAOP built and strengthened harm reduction coalitions by partnering with six community-based organizations, including trusted spaces like churches and barbershops, to reach underserved populations. These coalitions promoted harm reduction strategies and increased the visibility of naloxone and other life-saving services, engaging community members hesitant to seek traditional care. The outreach included educational seminars, which were conducted in both English and

Spanish to ensure that community members, particularly those from the Hispanic community, were well-informed about naloxone use and harm reduction services. The partnerships not only expanded HUMADAOP's outreach but also helped foster a more supportive community environment for individuals at risk of overdose. Staff in a focus group described how collaborating with local organizations helps them reach more individuals, particularly in neighborhoods where stigma is a significant barrier. *HUMADAOP staff emphasized the critical role of partnerships in overcoming barriers: "Our partnerships with the community are essential... Partnering with trusted organizations, like churches or local clinics, means we can do more for people who are hesitant to come forward."*

USE OF PEER NAVIGATORS TO LINK PEOPLE TO HARM REDUCTION SERVICES

Through the OD2A LOCAL Initiative, **PWB** was able to add an additional peer navigator who increased the distribution of naloxone and fentanyl test strips, offered harm reduction education and naloxone administration training, and through street outreach informed more people about safer practices. PWB completed 43 harm reduction events in community-based locations during Year One. ***During these community events, PWB distributed 1,194 naloxone doses to individuals who attended these events.*** The top three zip codes with the highest naloxone doses distributed by PWB included 374 naloxone doses in 44115, 208 naloxone doses in 44102, and 196 naloxone doses in 44113.

During the first year, **SOC** was unable to complete outreach events related to harm reduction due to staffing changes, the need to rebuild their team, and moving to a new location. Despite these setbacks the dedication of staff demonstrated their commitment to providing services in the community. SOC continued to work on harm reduction activities during their efforts to link individuals with treatment under Strategy 1A. SOC staff shared that viewpoints have shifted since the beginning of the opioid crisis, particularly for PWUD. "*I do think that, you know, we're getting much better due to the opioid crisis, of opening the door where, you know it's no longer a death sentence, or it no longer need to affect your record, if you get a case, you know we could have that expunged now, and moving in a different direction to view addiction differently" SOC Staff.*

PARTNER WITH CLINICIANS TO INCREASE ACCESS TO HARM REDUCTION/NALOXONE

The Center hosts the Northeast Ohio Opioid Consortium which brings together Northeast Ohio hospitals, members and stakeholders to enhance the healthcare community. ***In Year One, The Center created a series of engaging and informative YouTube videos aimed at boosting clinician expertise and confidence. These videos focused on harm reduction methods, medications for initiating OUD treatment, connecting clients to treatment services, and managing withdrawal symptoms.*** To develop the content, The Center first organized training sessions offered to members of the Northeast Ohio Opioid Consortium, where local clinicians shared their expertise on the subject matter. This format proved to be very successful as one staff person noted, "*The Consortium has met several times a year, and we have different presenters come and speak on different topics related to opioid/substance use disorder. It's a virtual platform, typically, and then we record those training/presentations so people can access them later."* The trainings are recorded and then uploaded to YouTube. Table 1 lists each training provided, attendance and YouTube views.

Table 1

Training to Increase Access to Harm Reduction

Title of Training	Training Attendance	YouTube Views
Dental considerations for MOUD and solutions	33	96
Human trafficking and its intersection with SUD	5	141
Xylazine Wound Care and Clinical Protocols	15	47
Beyond Narcan: Treating OUD in the field	54	17

To market the training and videos, The Center highlighted educational opportunities in its monthly newsletter, The Consortium Chronicle, released in February 2024. The newsletter provides policy updates, education and training, and engagement opportunities focusing on gaps previously noted by clinicians and partners. The newsletter also spotlights activities of community organizations. For example, one spotlight focused on Thrive for Change in an effort to increase its visibility and promote local harm reduction services.

STIGMA REDUCTION

Partner agencies understand the deep impact stigma can have on the lives of PWUD. For this strategy agencies provide anti-stigma education and communication aimed at improving the public's understanding, attitudes and behaviors towards PWUD, overdose, and people with SUD, OUD or StUD. The importance of harm reduction, MOUD and recovery are stressed throughout these campaigns.

REDUCE STIGMA TOWARDS NALXONE USE

PARTNER AGENCIES

- CENTERS for F/C
- CDPH
- CSU
- CCBH
- HUMADAOP
- PWB
- SOC
- The Center
- T4C

PWB created an educational, gallery-style exhibit called Dispelling Stigma that is designed to present statistics, science, and real-life stories to help reduce stigma surrounding substance use and break down the barriers of shame and judgment for all who have been, or may be, impacted by substance use. ***It was showcased at six locations in Year One with 1010 attendees.*** PWB staff described the exhibit:

We have a gallery called Dispelling Stigma, and it's an educational gallery around stigma. It provides a brief introduction to substance use and just very simply, what happens to chemicals in the brain with substance use. It provides some statistics about overdose, how many people are affected by substance use, and then gives very simple strategies as to how people can start reducing stigma and reducing those barriers for people with substance use disorder. So that gallery, it was an evolution from what was supposed to be a onetime display at a church in 2021, and someone said, 'This is great information." You should adapt this so that it can be a traveling display and set it up other places.' And so we did that, and it's a beautiful display. PWB Staff

The Community Reinforcement and Family Training Model (CRAFT) program is a non-confrontational, evidence-based intervention for helping families affected by addiction and addresses a loved one's resistance to change. ***It helps individuals to develop effective strategies for helping a loved one struggling with substance use disorder seek treatment, and for coping themselves.***

CDPH licensed staff delivered the CRAFT curriculum at the Cleveland Public Library – Lorain Branch to address internal stigma within families. Families shared that they gained "newfound bonds" with other group members who experienced similar situations. Additionally, group participants reported "renewed hope" that their loved ones could achieve recovery and avoid a fatal overdose. *"Biggest success is our conversations with the Rec Center and basically explaining to them about the program that we plan to implement, adding the youth in the fall, and seeing that that they are very excited about it, and that they also want to receive the training." CDPH Staff*

Twelve-week CRAFT sessions were held in Year One to educate families on how to support family members with SUD, with an average of two families per session. To keep families engaged, CDPH sent outreach emails to participants and past attendees to engage or re-engage the families, to share resources reviewed, and to promote the upcoming skills that would be taught in the weekly sessions. ***During OD2A Year One, a total of five families participated in the CRAFT program.***

HUMADAOP implemented several educational initiatives to reduce stigma related to naloxone use and SUD within the Hispanic community. These efforts aim to change public perceptions about naloxone and substance use, empowering individuals to access harm reduction services without fear of judgment or discrimination. ***In Year One, HUMADAOP organized 15 stigma reduction seminars, engaging 99 attendees across Cleveland.*** Several seminars were conducted in Spanish, ensuring accessibility for Hispanic community members. Post-seminar surveys indicated positive shifts in participants' understanding of naloxone and their perceptions of individuals with SUD. For example, one attendee mentioned, "*I used to think naloxone was just a crutch for people who didn't want to stop using. Now I see it as a lifeline that can lead to recovery."*

Staff members noted that these events also facilitated open discussions, which allowed community members to share their own experiences with substance use and naloxone. In a focus group, staff discussed the challenges of overcoming cultural stigma, especially within more conservative and religious households. "*A lot of folks still see naloxone as something that admits failure," one staff member shared, "and in many Hispanic families, there's pressure to handle things privately" HUMADAOP Staff.*

HUMADAOP provided 5 workforce development training sessions to staff members providing tools and resources to address stigma during public engagements and community outreach events. One HUMADAOP staff member remarked during a focus group, *"The trainings have been vital. Many of our community members come in with preconceived ideas about naloxone. We need to make sure we're using language and examples that resonate with their experiences and challenges."*

Despite these achievements, overcoming stigma remains a significant barrier, particularly within religious or conservative communities. A HUMADAOP staff member explained, *"Many people in our community are still resistant, especially in more religious households. They see naloxone as admitting to failure."* The staff member also noted that the expectation of *marianismo*, where women are expected to embody self-sacrifice, makes it harder for pregnant women to seek harm reduction support, as they often experience intense shame. This ongoing stigma makes education and trust-building even more essential for the success of HUMADAOP's programs. Focus group discussions emphasized that clients are more willing to engage in harm reduction when they feel supported and understood by staff. *"We're there to meet them where they are, with no judgment. That openness makes them more likely to keep coming back for support,"* one participant shared. This emphasis on supportive relationships has helped HUMADAOP distribute naloxone outside of formal settings, reaching those who might otherwise remain unengaged.

During this first year, **SOC** was unable to complete any outreach events addressing stigma. However, when assisting clients as part of Strategy 1A, navigators engaged in efforts to reduce stigma for those seeking treatment. SOC staff discussed in their focus group,

How many people that suffer from addiction don't know it is not personal, like even the person who has addiction, and that's through just lack of education that knowing that sometime they'll say, well, they see that people or society are forgiving and understanding, or sometimes they say, even though they are the addict or the alcoholic, they'll say, it's a personal choice, and then well, I'll have to stop and say, no, it's actually a brain disorder. You know, it's a chemical just like it's a chemical imbalance with one mental health it's a chemical imbalance happening in the brain that's been established through studies. So, we do know as a brain disorder, but it's just, you know, it's the stigma out. SOC Staff.

IMPLEMENT ANTI-STIGMA TRAINING USE

T4C established the Naloxone Leave Behind Program under Strategy 2A. As part of the program T4C provided stigma reduction education to public safety, EMS clinicians and EMTs. T4C completed 4 EMT Training sessions during the first year of OD2A Local with a total of 37 participants. ***After participating in T4C's presentation, 92% of the EMT personnel rated themselves as having an acceptable level of expertise in understanding harm reduction.*** The majority of EMT personnel (86%) rated that they felt the presentation increased their knowledge about Harm Reduction, with five EMT personnel reporting "somewhat" (N=5). Finally, 51% of the EMT personnel that received T4C's training believed that the presentation was "Very Beneficial," followed by 32% reporting it was "beneficial."

T4C continues to establish collaborations and partnerships as part of the Naloxone Leave Behind Program. They shared insights into their current work.

We have a lot of lot of information to work with, and in a short amount of time, when we work with these first responders, they're very busy people, but we wanted to highlight things like language. Language is really important when we're talking about stigma reduction and how we can reduce harm immediately with our words. A lot of people think that harm reduction is, you know, just about the tools, just about the Narcan. But there's also other things that fall under that umbrella, like language. So we go through with them. Talk about what harmful language looks like, first, anti-stigma language, and we encourage them to care about it. T4C Staff

BUILD OPPORTUNITIES TO CONNECT LOCAL SSPS TO THE COMMUNITY TO REDUCE STIGMATIZING ATTITUDES AND TO *CONNECT* SERVICES TO COMMUNITY HEALTH SERVICES

The **Centers for F/C** are working to reduce stigma around substance use by educating clients that Hepatitis C (HCV) can be treated even if they're still using drugs. The Centers for F/C support people carrying harm reduction supplies, like naloxone and syringes. They are also partnering with local law enforcement to make harm reduction services more accepted in the community. For example, ***The Centers for F/C held several seminars on harm reduction and stigma reduction.*** Overall, they aim to reduce stigma by promoting understanding of substance use disorders and the value of harm reduction.

ORGANIZE AND INTEGRATE CLINICIAN HEALTH SYSTEM TRAINING ON THE ROLE OF PAIN MANAGEMENT AND SUD CARE

In Year One, **The Center** convened an advisory group to discuss and advocate for people living with chronic pain associated with disease or medical condition, such as sickle cell anemia and dental concerns. The work group focused on advocating for people with lived experience, who have been using opioids to manage chronic pain. Membership in the workgroup includes a doctor from University Hospital's Department of Psychiatry and Pain Management, two nurse practitioners specializing in chronic pain management at University Hospital's Seidman Cancer Center, and a doctor from Veteran Affairs. ***One recommendation coming from the Clinical Work Group on Chronic Pain this year was the need to better educate and inform medical front desk staff and social workers of community-based programs that are available to help refer patients in need of SUD treatment.***

In addition to the workgroup The Center continued to provide education and training to medical professionals and hospital staff to reduce stigma when providing services

to PWUD. In addition to the training and webinars hosted by The Center related to harm reduction which also address stigma, the Center's *Igniting Compassion* documentary focuses on medical stigma around substance use and encourages critical conversations and creative solutions necessary to mitigate the ongoing epidemic.

The Center's Igniting Compassion documentary was recently recognized as a 2024 Gold Winner by the Viddy Awards. The film seeks to dismantle medical stigma associated with substance use - Igniting Compassion (2023 Documentary)

Although the documentary was initially developed as part of Cuyahoga County's first OD2A grant, the documentary continues to have a number of views on YouTube. In Year One, the documentary received 1,647 views. The Center created 7 shorts from the Igniting Compassion footage and published them on YouTube. The shorts included: A Physician's First Experience with Medical Stigma, Harm Reduction & Recovery, Advocating for Effective Treatments, Leveraging Rapport Between Patient and PCP, Medications for Opioid Use Disorder, Combatting Fentanyl Use with Psychosocial Intervention, and Tonya's Story.

PERCEPTIONS OF STIGMA

To gain a better understanding of perceptions regarding drug use among individuals within the communities served by the OD2A LOCAL Initiative, partner agencies gathered their thoughts on substance use disorder (SUD), stigma associated with substance use and harm reduction measures. Individuals encountered at different hospital settings and outreach events were asked to answer a few questions. While all agencies sought information regarding stigma, some agencies were more successful than others in gathering feedback. Those agencies receiving responses included CCBH, SOC, PWB, HUMADAOP, The Centers for F/C, Woodrow and Thrive.

The first question asked individuals if they considered SUD a brain disease or a personal choice. Respondents could select more than one response. Individuals were then asked if they considered harm reduction strategies such as Narcan® kits, fentanyl test strips and syringe exchange helpful for people with SUD. The cumulative responses from all clients from these agencies are reported in Table 2.

Table 2

Client Perception on Substance Use Disorder and Harm reduction (n=1493)

Question	Response	#	%
Substance use disorder (SUD) is a *	Brain disease	997	66.8%
	Personal choice	72	4.8%
	Don't know/other/NA	429	28.7%
Narcan kits, fentanyl test strips, syringe exchange, etc. are helpful for people with SUD	Helpful	1048	70.2%
	Not helpful	37	2.5%
	Don't know/ other /NA	408	27.3%

* Individuals could select more than one response

Most of the clients considered SUD a brain disease (n= 997, 66.8%), and found Narcan® kits, fentanyl test strips and syringe exchange helpful for individuals with SUD. Only 72 clients (4.8%) considered SUD a personal choice. Similarly, only a small minority (n=37, 2.5%) did not consider harm reduction measures helpful to those with SUD.

Some agencies also asked questions about stigma related to SUD. These agencies were SOC, PWB, HUMADAOP, Woodrow and Thrive. Individuals were asked if they thought PWUD are treated unfairly or stereotyped because of their drug use, and if the clients were comfortable talking about their substance use with their family and friends. Responses are summarized in Table 3. ***Half of the individuals surveyed (n=250, 50.1%) thought that PWUD are treated unfairly or stereotyped because of their drug use.*** Only 7.6% (n= 38) of the participants felt that PWUD did not experience differential treatment because of their drug use. Similarly about half (n=246, 49.3%) of the respondents felt comfortable talking with their family and friends about their substance use.

Table 3

Client Perception on Stigma associated with Substance Use (n=499)

Question	Response	#	%
Do you think people who use drugs are treated unfairly or stereotyped because of their drug use?	Yes	250	50.1%
	No	38	7.6%
	Don't know/ other/ NA	211	42.3%
Are you comfortable talking about your substance use with family/friends?	Comfortable	246	49.3%
	Not comfortable	54	10.8%
	Don't know/ other/ NA	199	39.9%

Some partner agencies also asked individuals if they utilized any harm reduction services or strategies. These agencies were HUMADAOP, SOC, PWB, Woodrow and Thrive. Participants were asked if they used naloxone (Narcan®), fentanyl test strips, xylazine test strips, syringe exchange, or any applications/ phone lines such as 'Never

Use Alone'. They were also asked if they followed harm reduction practices such as using drugs with others or not mixing substances. Respondents could give multiple responses. The cumulative responses are summarized in Table 4.

Table 4

Harm Reduction Strategies (n=499)

Type of Harm Reduction Strategies Used*	Number	%
Naloxone (Narcan®)	55	11.0%
Fentanyl test strips	11	2.2%
Xylazine test strips	2	0.4%
Syringe exchange	4	0.8%
'Never Use Alone' app /phone lines	7	1.4%
Use drugs with others	7	1.4
Does not mix substances	1	0.2%
None, did not use any harm reduction measure	309	61.9%
Unknown	108	20.6%

* Respondents could select more than one multiple response

Most respondents (n=309, 61.9%) reported not using any harm reduction strategies mentioned. Naloxone (n=55, 11%) and fentanyl test strips (n=11. 2.2%) were the most commonly reported measures. ***These findings highlight the need to increase awareness of and accessibility to harm reduction tools and strategies among PWUD.***

CLINICAL BEST PRACTICES

Working with Cleveland's community healthcare systems, this strategy focuses on partner activities to implement evidence-based care to ensure effective pain management and address and prevent SUD. Activities occur within the public health setting and are aligned with CDC Clinical Practice Guideline for Prescribing Opioids for Pain – US 2022. Educational activities prioritize opioid stewardship, MOUD, and polysubstance use, diagnosis and treatment. It also supports linkage to care and care access expansion and ensures care continuity for people taking long-term opioid therapy for chronic pain. These trainings target an expanded set of clinical audiences based on data on prescribing habits, or sites of new interventions (e.g., clinicians managing postoperative pain, clinicians providing pain management on discharge from ED and in-patient settings, primary care clinicians, and pharmacists).

PARTNER AGENCIES

- CENTERS for F/C
- MetroHealth
- The Center

ADVANCE CLINICIAN BEST PRACTICES FOR PAIN TREATMENT

As part of its work on advancing clinician best practices, MetroHealth's Office of Opioid Safety (OOS) conducts academic detailing with a focus on controlled substance stewardship and harm reduction efforts which include naloxone co-prescribing and education regarding available resources for patients. Through its Controlled Substance Peer Review (CSPR) committee of department chairs and staffed by the OOS, the top 30 prescribers of opioids and stimulants are monitored each year through chart review and use of an objective advocate tool. The CSPR provides the results of these reviews to the high prescribers of opioids and stimulants and their leadership. The CSPR and the academic detailer collaborate to meet with these prescribers to review the data, answer questions and provide support as needed for prescribers and their patients through case management, pharmacist assistance, etc.

MetroHealth also routinely provides Academic Detailing (AD) to other prescribers system-wide:

- ED: AD focuses on knowledge about the treatment of opioid, alcohol, stimulant and tobacco use disorders. This includes prescribing treatment medications for these conditions in the ED, referrals for additional internal and external resources, e.g., the new substance use navigator program, a resource for patients and providers.
- New prescribers to the system & medical residents: AD sessions help new MetroHealth prescribers and medical residents understand guidelines for safe and effective prescribing across diverse populations and the treatment of use disorders.

All AD training sessions are intended to improve overall patient safety outcomes.

During Year One, academic detailing was provided to 81 prescribers, 20 of whom were identified as being within the top 30 prescribers for opioid prescriptions. To examine change overtime for prescribers identified by OOS, several outcomes will be reviewed from a period of three months before participation in academic detailing to three months after. Outcomes include; (1) the ratio of Ohio's Prescription Drug Monitoring Program (PDMP) checks, also known as Ohio's Automated Prescription Reporting System (OARRS), to the number of prescriptions written, (2) the number of opioid prescriptions written, and (3) the number of benzodiazepine/opioid prescriptions prescribed. Data on these outcomes is currently being collected but not reported as enough time has not elapsed to allow for comparisons to be made. Additional outcomes for all prescribers detailed will look for increased buprenorphine prescriptions, referrals for alternative pain management and naloxone prescriptions.

Additionally, MetroHealth updated their clinician training with the 2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain. The training specializes in addressing challenges faced by patients and helps guide medical professionals' safe prescribing practices. This can include ensuring that opioid prescriptions are appropriately prescribed.

Geriatrics was a particular focus in Year One; AD was provided to help prescribers who care for older adults address unique challenges regarding safe prescribing and resources for patients identified with use disorders.

This past year, MetroHealth has made great strides in working with clinicians as noted by a staff member, "*the prescribing habits have improved dramatically among our prescribers; we're meeting with the prescribers, and we're going over the results of the actual chart review. The doctors really appreciate it. . . The habits have improved dramatically. The number of prescriptions being written has declined, the number of patients on chronic opioids has declined, and now we're delving into stimulants, which I think is going to be very exciting".*

EXPAND FUNDAMENTAL KNOWLEDGE OF SCREENING AND CARE FOR POLYSUBSTANCE USE, OUD AND StUD

Promotion and outreach within this intervention focuses on providers working with historically underserved populations, including primary care physicians, community-based health clinics, and Federally Qualified Health Clinics (FQHC). **The Center** is exploring and developing new education opportunities including peer-to-peer trainings and web-based methods of delivery aimed at a variety of clinicians. Peer-to-peer training includes MOUD induction and treatment, evidence-based practices for pain management, referral networks and recommendations, harm reduction services and referrals, and other emergent polysubstance use topics.

During Year One, The Center surveyed FQHCs in consultation from MetroHealth's Office of Opioid Safety seeking input on topics and interests for training opportunities. FQHC's included were: The Centers for Family and Children,

Neighborhood Family Practice and ASIA Inc. The Center also connected with the Northeast Ohio Neighborhood Health Services (NEON). Training interest from these organizations included how to become a Project Dawn Site, addressing stigma, stewardship practices for safer prescribing for controlled substances and integration of MOUDs within Primary Care, clinician training on suboxone and Vivitrol, trauma informed care in substance use treatment, human trafficking with SUD populations, motivation engagement in the treatment of SUD, treatment modalities for pain management, best practices for addressing SUD in special populations, and the role of substance use navigators.

During Year One through its Northeast Ohio Opioid Consortium, The Center also provided several training courses to clinicians as shown in Table 5.

Table 5

Clinician Training

Title of Training	Training Attendance
Laws and best practices for prescribing controlled substances. Withdrawal management and tapering. Gabapentin and muscle relaxants. Managing special circumstances.	33
Dental considerations for MOUD and solutions	35
Buprenorphine prescribing and considerations for harm reduction/Human trafficking and its intersection with SUD	5

Engaging clinicians to participate in training can often be challenging. As one Center staff person noted, *"there's the need for training because the physicians don't have chronic pain management training, but without it being required, there's no incentive unless it's an incentive through their institution or grand rounds."*

The Center employs a variety of methods, including online communications, social media presence and newsletters to improve communication and connectivity between the community, health professions, and patients. This year The Center launched its Consortium Chronicle Newsletter as a way to share local, state and federal policy updates and training opportunities. ***The newsletter is currently disseminated to an average of 77 clinicians, community organizations, hospitals and other stakeholders each month.***

Strategy 4A also focuses on improving the number of health and clinical settings to improve Evidence Based Substance Use Disorder (EB SUD) treatment and referrals. The **Centers for F/C** implemented a walk-in MAT/MOUD clinic to reduce accessibility barriers for clients. ***During Year One, 75 clients from the Centers for F/C were referred to MOUD/MAT clinic.*** This figure likely underscores the positive effects of training and educational efforts which facilitate improved access to critical treatment services for individuals in need. Overall, these activities demonstrate a strong commitment to enhancing care for clients dealing with substance use challenges.

The Centers for F/C also actively engaged marginalized populations through their nursing team who regularly visited encampments to engage with current and potential clients. This strategy helped foster trust and raise awareness to clients about the Centers for F/C services.

YEAR ONE SUCCESSES AND BARRIERS

BIGGEST SUCCESSES

PARTNER AGENCIES

- CENTERS for F/C
- CDPH
- CSU
- CCBH
- HUMADAOP
- MetroHealth
- PWB
- SOC
- The Center
- Thrive
- T4C
- Woodrow

A major success reported by multiple agencies was ***expanding services into underserved areas and adapting programs based on real-time community feedback to address specific local needs.*** For example, The Centers extended their support network to East Cleveland, an area previously underserved, by engaging stakeholders, including the Cuyahoga County Prosecutor's Office, to address specific local needs. Similarly, agencies like HUMADAOP expanded harm reduction access by installing naloxone vending machines and organizing Narcan® distribution seminars in Hispanic congregations. This approach has improved accessibility for Hispanic communities, reflecting a strong commitment to culturally responsive care.

Other successes include community collaboration and continuity in educational initiatives. MetroHealth and The Center have built robust partnerships, promoting educational opportunities that foster harm reduction awareness, while CSU secured funding for their *Drughelp.care* website, ensuring sustainability. PWB successfully engaged with local employers, such as CleveLawn, to provide Narcan training tailored to employees at risk due to prior overdose exposure. These examples underscore the agencies' focus on integrating harm reduction into everyday community settings and reducing stigma.

Several agencies have made efforts to improve care delivery by consolidating services in one location, streamlining the referral process, and creating interdisciplinary teams to develop individualized treatment plans. This model has been particularly effective in ensuring that clients receive tailored care that addresses their specific needs. For example, SOC has consolidated services and created a more cohesive system where clients can receive treatment and support from a team of specialists. This team approach has proven to be effective in reducing barriers to care, but challenges remain in overcoming issues such as insurance limitations, stigma, and the need for greater cultural competence in service delivery. Thrive built a workforce of peer supporters to provide consistent care at locations like MetroHealth, creating stable, community-based support structures. Woodrow achieved high rates of linkage to treatment, demonstrating effective engagement with clients with complex needs and co-morbidities.

GREATEST CHALLENGES

While OD2A agencies have made substantial strides in promoting harm reduction and expanding culturally competent services, persistent challenges in funding, staffing, and systemic barriers continue to impact their effectiveness. Their ongoing efforts underscore the resilience and adaptability required to support PWUD in a complex, resource-limited environment. ***A significant challenge faced by multiple agencies is the lack of a centralized database of services and contacts.*** This issue hinders the coordination of care, making it difficult for both staff and clients to navigate the system effectively. Some agencies are working to address this gap, but many still rely on informal networks, which can be inefficient and incomplete. Additionally, barriers like stigma, historical distrust of the healthcare system, and cultural factors—particularly for underserved populations such as Latino communities or pregnant women—continue to hinder engagement with services. By collaborating on data needs and leveraging local OD2A evaluation findings, partner agencies have created more responsive and equitable health services, though persistent barriers like limited cultural data and resource constraints continue to impact the full potential of these interventions.

The Centers for F/C highlighted the difficulty of sustaining their syringe exchange program due to high demand and limited resources, distributing around 50,000 syringes monthly with inconsistent funding. Similarly, CSU faced privacy issues when developing a mobile app aimed at improving harm reduction accessibility, as data security concerns limited its usability which led to their inability to utilize the mobile app. CSU also faced challenges, particularly the loss of their community outreach coordinator, which has impacted CSU's ability to maintain a consistent community presence. Reflecting on this, a staff member noted, *"When we lost [our community outreach coordinator] ... she was so embedded in the community... Losing that has been a pretty big barrier... It's difficult to be present without the funding to have a designated community outreach person."*

Staffing shortages and turnover were also significant barriers, particularly for SOC, which restricted their ability to conduct outreach. SOC, for instance, had to focus more narrowly on linkage to care due to limited staff, while Thrive grappled with shifting peer support requirements at MetroHealth, impacting their support provision.

Cultural and language barriers complicated service delivery, especially for agencies like HUMADAOP, where a lack of bilingual resources initially limited naloxone outreach among Hispanic clients. To address this, HUMADAOP invested in bilingual peer supporters and launched targeted media campaigns, increasing engagement with Spanish-speaking communities.

Certain agencies, such as CDPH, have struggled with the lack of direct services and follow-up systems, which means they rely heavily on external partners for care delivery. The inability to offer comprehensive services within their own agency limits their ability to provide seamless care. Another key barrier identified is the shortage of specialized services for certain groups, such as women with children or individuals

with pets. These individuals often face difficulties in accessing detox or residential treatment, as facilities may not offer the necessary accommodations.

Finally, navigating bureaucratic hurdles impeded progress for some organizations. For example, PWB reported difficulty in establishing a brick-and-mortar location due to bureaucratic processes, and T4C faced obstacles connecting with fire departments for their stigma reduction training for first responders. CDPH encountered several barriers, including communication outages as well as being impacted by a breach in the city's cybersecurity. CDPH also shared in their focus group that some of the implementation programs and hirings may be slowed down due to the internal vetting that exists as a government funded agency.

TARGETED EVALUATION AND HEALTH EQUITY

PARTNER AGENCIES

- CENTERS for F/C
- CDPH
- CSU
- CCBH
- HUMADAOP
- MetroHealth
- PWB
- SOC
- The Center
- Thrive
- T4C
- Woodrow

Cuyahoga County's OD2A LOCAL targeted evaluation focuses on individuals with lived experience of opioid use who are disproportionately affected and underserved and/or experiencing homelessness or incarceration. During the first year, the evaluation examined whether the targeted interventions were able to reach those in greatest need. Insights into how to better reach these populations was also sought from the partner agencies, identifying barriers, system gaps, and lost opportunities that impede PWUD's access, linkage and retention in treatment and harm reduction services.

Efforts will focus on expanding harm reduction access, improving culturally competent care, addressing systemic barriers that disproportionately impact marginalized groups, including racial minorities, low-income individuals, and non-English speakers. Partner agencies share a commitment to improving access to treatment for individuals affected by overdose, particularly those from marginalized or high-risk groups.

By combining flexibility in care delivery, harm reduction strategies, peer support, and a focus on community engagement, partner agencies were able to provide more effective, personalized care. *"A client returned to us after graduating twice already...and every time he comes back, he's a little bit closer to his goal...knows he won't be met with shame and judgment" HUMADAOP Staff*. These approaches help clients navigate the complex challenges of substance use and overdose recovery, ultimately supporting long-term recovery and improving overall health outcomes for these vulnerable populations.

A key initiative has been to increase access to overdose prevention tools like naloxone and fentanyl test strips. Agencies such as The Centers for F/C worked to distribute these resources in high-risk areas through Federally Qualified Health Centers (FQHCs) and HUMADAOP expanded outreach to Hispanic communities by translating materials into Spanish and conducting harm reduction trainings in Spanish. However, challenges remain, including privacy concerns around data collection and limited culturally specific resources, which restrict populations' ability to fully benefit from these harm reduction tools.

Data-driven strategies have been crucial for identifying and addressing health disparities by geography, race, and socioeconomic status. During the previous OD2A LOCAL grant, CCBH developed an overdose dashboard to monitor disparities in health access, allowing targeted interventions in high-risk neighborhoods. As part of the current grant CCBH continues to improve the dashboard, especially adding additional

resources and data regarding drug use, drug overdose and drug seizures. Other organizations, including PWB, used these insights to focus outreach in areas with high overdose rates.

Peer support and cultural competence have also been pillars of the OD2A LOCAL Initiative. Agencies like Thrive and Woodrow trained individuals with lived experience to provide support in hospital, justice, and clinical settings. This approach builds trust, reduces stigma, and provides equitable care within marginalized communities.

Through their outreach efforts beginning in January 2024 navigators employed by CCOD2A LOCAL partner agency were able to connect with priority populations, including those disproportionately affected by overdose and underserved by overdose prevention programs and the health care system. Demographics of those individuals ***engaged*** by navigators are included in Table 6.

Table 6

Demographics of Clients Engaged by Navigators (N=1,558) [1]

	Males (n=1087)		Females(n=471)	
	N	%	N	%
Race				
Black/AA	359	33.0%	126	26.8%
White	643	59.2%	302	64.1%
Asian	2	0.2%	0	0.0%
Native Hawaiian/other Pacific Islander	2	0.2%	1	0.2%
American Indian or Alaska Native	8	0.7%	3	0.6%
Multiracial	30	2.8%	15	3.2%
Other	7	0.6%	1	0.2%
Unknown/Declined	36	3.3%	23	4.9%
Total	**1087**	100%	**471**	100%
Ethnicity				
Hispanic	87	8.0%	34	7.2%
Non-Hispanic	993	91.4%	418	88.7%
Unknown	7	0.6%	19	4.0%
Total	**1087**	100%	**471**	100%
Age - Average	43.5		42.2	
Minimum	19		19	
Maximum	79		75.4	

[1] Note: demographic information is missing for approximately 40% of the clients engaged by the Centers for F/C.

Table 7 provides an overview of substances used by individuals who participated in Strategy 1A, Linkage to Care (LTC), in OD2A LOCAL year one. Partner agencies working under Strategy 1A asked questions of individuals they ***encountered*** in various health and community settings. A total of 1,473 answers were recorded from the 1,703 individuals who were identified and surveyed regarding their substance use during the last 30 days. Multiple drugs (N=260), alcohol (N=253), and prescription opioids (N=244) were the highest drug types self-reported by individuals during year one. The least self-reported substance use included e-cigarettes, Klonopin (clonazepam), prescription stimulants, and sedatives.

Table 7

Substances Used by Individuals Encountered in the last 30 days (n=1,703)

Drug Type	Total	%
Multiple drugs	260	15%
Alcohol	253	15%
Prescription Opioids	244	14%
Cocaine	188	11%
Street Opioids	131	8%
Unknown	105	6%
Cannabis	104	6%
None	67	4%
Methamphetamine	63	4%
Hallucinogens	20	1%
Sedatives	15	<1%
Declined	10	<1%
Prescription Stimulants	8	<1%
Other	5	<1%
Inhalants	0	<1%
Missing	230	14%
Total	1,703	100%

Individuals ***encountered*** during LTC activities in Year One were also asked about their overdose history. Most individuals responded that they had never experienced an overdose before (n=908), followed by experiencing an overdose once (n=143). A total of 64 individuals responded that they had experienced four or more overdoses, followed by those who answered twice (n=43). Three overdoses were the lowest reported times of an overdose (n=24) (Table 8).

Table 8

Self-reported Overdose History by Individuals Encountered (n=1,703)

Overdose	Total	%
None	908	53%
Once	143	8%
Four or more	64	4%
Twice	43	3%
Three times	24	1%
Missing	521	31%
Total	1,703	100%

Although 53% of the individuals from all agencies reported no previous overdoses (n=908), ***approximately 16% of the total population did report at least one overdose in the past.***

Table 9 summarizes self-reports of 186 LTC individuals who responded to the question, "How many times did you go to the hospital or emergency room because of an overdose?" The majority of individuals (n=75) reported that they had never visited the hospital or emergency room due to an overdose, followed by 39 individuals reporting that they had visited once due to an overdose. Twenty-one individuals reported that they had gone to the hospital at least twice and 13 individuals reported three times for overdose related visits.

Table 9

Self-reported Hospital visits due to Overdose by Individuals Linked to Care (n=1,703)

Overdose	Total	%
Never	75	4%
Once	39	2%
Twice	21	1
Three times	13	<1%
Four or more	38	2%
Missing	1,517	89%

Partner agencies recognize the importance of addressing social determinants of health, such as access to stable housing, food, and employment, which can significantly impact an individual's ability to recover. Effective referrals are critical to the success of these agencies in reaching individuals impacted by overdose. Referrals that include personalized support—such as transportation, translation services, and direct connections to treatment providers—have proven most effective. However, logistical barriers, like transportation challenges and insurance limitations, can hinder the referral process. OD2A LOCAL partner agencies are working to overcome these obstacles to ensure that individuals receive timely and appropriate care.

Through collaborations with local agencies, partner agencies can offer more comprehensive support that goes beyond treatment, ensuring that clients receive the necessary resources for long-term success. Several agencies also focus on vulnerable populations, such as incarcerated individuals, homeless populations, and those from minority or underserved communities. For example, agencies like MetroHealth engage with incarcerated individuals to ensure they have access to treatment and support as they transition back into the community, reducing the risk of relapse or re-incarceration. Other agencies, such as PWB, emphasize personalized care and work closely with detox facilities to streamline the process of accessing services.

Characteristics of clients in terms of social determinants of health (SDOH) show that these partner agencies through their navigators are reaching the intended populations. Many clients engaged by navigators are homeless, unemployed, and/or have been involved with the criminal justice system (Table 10). Assisting these populations can pose additional challenges as navigators work to help address their needs holistically during their initial linkage to treatment.

We really like people to have some stability with their recovery. So the huge thing is me and [other staff person] do take on a huge amount of people who need housing, you know, and that being the goal, and it's twofold, because the challenge is with the housing, and getting some of the clients out of those tents and stuff. We've moved to put them in the housing, but if they aren't stable with their treatment care…keeping them on track, and how important it is to get treatment care along with your housing. SOC Staff

The homeless population, we try to hook them up with referrals. First of course, meet immediate need. That is detox. Because no one's going to listen to anything if they're not feeling good. So, whether they go to a detox center or a treatment center that provides medically assisted treatment, as long as their withdrawals are managed. If it's a homeless individual, we make sure that we send them somewhere where they'll provide, maybe inpatient… So they'll start off at inpatient, and that's really to get them stabilized for 30 days to feel comfortable in their skin again. And then from that point, they get referred to either residential treatment or which is kind of like a halfway point. Thrive Staff

Many of these clients have also experienced trauma, have a mental health diagnosis and/or received treatment for their mental health. It is important to note that information regarding client characteristics was usually obtained from clients at time of engagement; the information was provided voluntarily, and missing data is due to the question not being asked by a particular agency or clients declining to answer the question.

Table 10

SDOH Client Characteristics (n=924)

	Yes		No		Missing		Total	
	#	%	#	%	#	%	#	%
Is the client unemployed?	287	31%	103	11%	534	58%	924	100%
Is the client homeless?	125	14%	315	34%	484	52%	924	100%
Does the client have insurance?	714	77%	105	11%	105	11%	924	100%
Has the client experienced trauma?	504	55%	256	28%	164	18%	924	100%
Does the client have a mental health diagnosis/receiving treatment?	539	58%	251	27%	134	15%	924	100%
Has the client been involved with the criminal justice system?	582	63%	194	21%	148	16%	924	100%

Note: Data on client SDOH characteristics was obtained from all clients at time of engagement except for the Centers of F/C clients where data was only collected for clients at time of linkage (n=22)

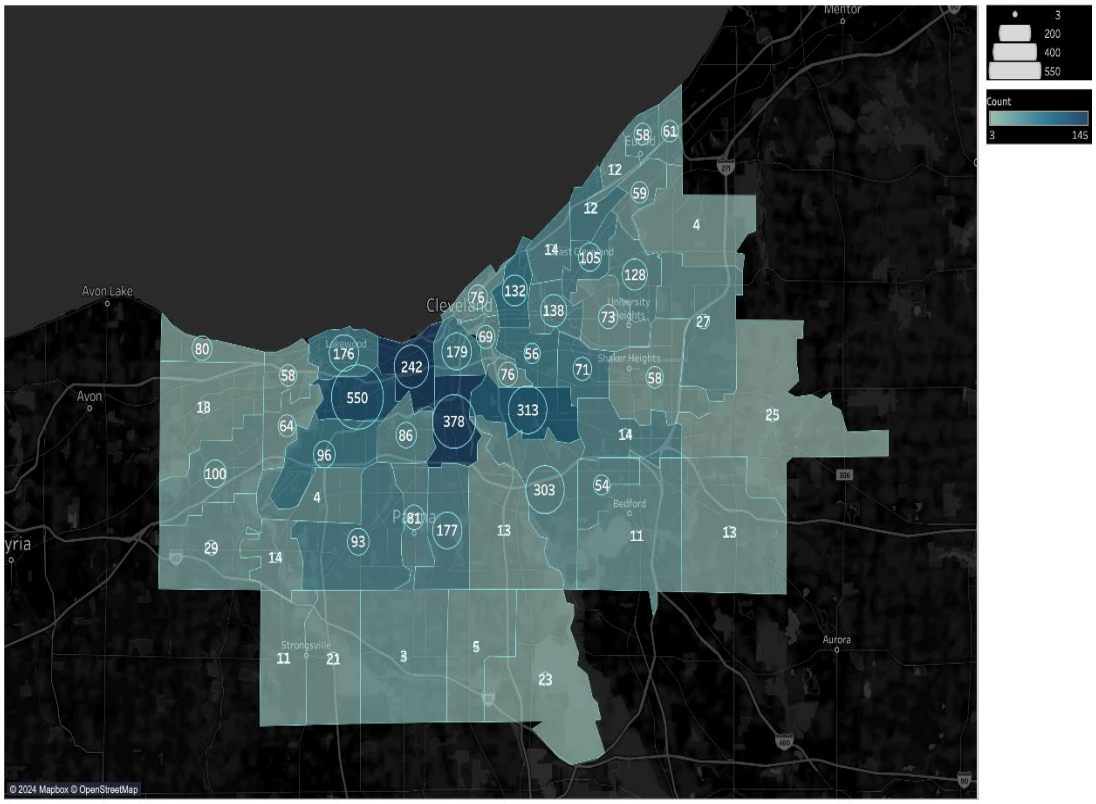
Community engagement is another important strategy for successful referrals. For example, ***PWB finds that referrals made during community events, where staff can build trust and rapport, are more likely to lead to successful outcomes***. At the same time, addressing logistical challenges, such as lack of a fixed outreach location, remains crucial for consistent engagement. *"We don't just focus on traditional places for outreach. Barbershops, beauty salons, these are hubs in our community where people feel comfortable...so we go there to meet them where they're at" HUMADAOP Staff.*

Through these linkage-to-care efforts of the CCOD2A LOCAL Initiative, navigators identified and engaged individuals who may benefit from treatment services. Figure 1 shows the relationship between overdose deaths by zip code from 2020-2023 and those individuals engaged by the navigators for treatment during Year One. Figure 2 is a scatterplot depicting the relationship between deaths by zip code from 2020-2023 versus individuals engaged for linkage to services. As shown, there is a strong relationship in that those areas with the highest number of overdose deaths correspond to the areas with the highest number of individuals engaged for possible linkage to treatment (R-squared = 0.606). It is important to note that these data only reflect linkage to care efforts for agencies involved in the OD2A LOCAL Initiative and does not represent data regarding all treatment linkages within Cuyahoga County.

Figure 1

2020-2023 Drug-Related Deaths and Strategy 1A Individuals Engaged for Treatment Reported by Zip Code

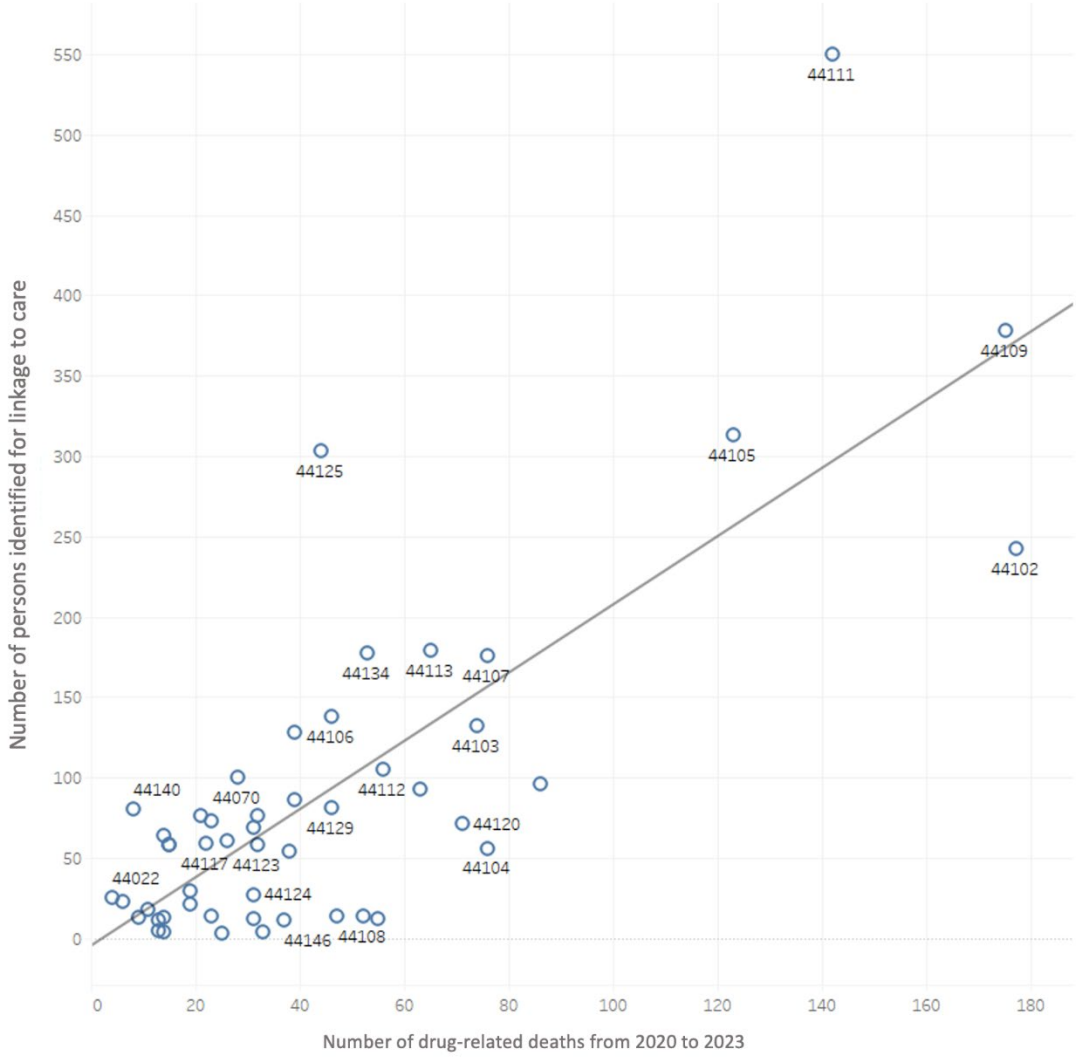
Drug-related deaths (counts from 2020 to 2023) and OD2A linkage to care (persons identified) by ZIP Code. Darker ZIP codes represent higher numbers of deaths, larger circles represent higher number of persons identified in the linkage to care dataset. It appears areas with highest numbers of death are correlated with areas where persons are most often "identified" in the OD2A linkage to care dataset.



Map based on Longitude (generated) and Latitude (generated). Color shows sum of Count. Details are shown for Postal. For pane Latitude (generated) (2): Size shows sum of Identified. The marks are labeled by sum of Identified. Details are shown for Postal. The data is filtered on Action (Postal,Year Of Death), Year Of Death Year and Zip Code. The Action (Postal,Year Of Death) filter keeps 2,951 members. The Year Of Death Year filter keeps 2021, 2022 and 2023. The Zip Code filter keeps 50 of 107 members. The view is filtered on Postal, which keeps 296 of 296 members.

Figure 2

Scatterplot of 2020-2023 Drug-Related Deaths and Strategy 1A Individuals Engage for Treatment Reported by Zip Code



Within Strategy 2A partner agencies collaborate on community lay distribution and actively involve PWUD in informing supply ordering. There is a strong intention to create more opportunities for PWUD to participate in decision-making processes. This approach highlights the commitment to inclusivity and recognizes the valuable insights and experiences that PWUD can bring to the table. By empowering these individuals to contribute to the decision-making process, the agencies aim to ensure that services and supplies are more effectively tailored to meet the needs of the community, ultimately enhancing the impact of harm reduction efforts.

Partner agencies work on alerts regarding increased overdoses to get information out to the community stakeholders and residents about action steps. ***The support from these agencies facilitates increased access to naloxone and other harm reduction services by making these tools more accessible in public and institutional settings,***

such as schools and recreational centers. Culturally competent outreach and partnerships with health care organizations have expanded harm reduction efforts, improving access through trust-building, bilingual materials, naloxone distribution, and hosting 12-step meetings.

The agencies partner with other local community organizations working with racially, ethnically, and linguistically diverse populations as part of community outreach. Harm reduction efforts include the distribution of naloxone through a vending machine and monthly supply drop-offs of Narcan® kits and fentanyl test strips at key locations in the minority community, conducting harm reduction seminars in Hispanic congregations and promoting these efforts through Latino radio, Spanish TV channels, social media, and participation in community festivals. These efforts are aimed at addressing overdose trends in heavily impacted areas. The agencies target outreach efforts based on data provided by local agencies as well as first-hand information from other community members to identify needs.

Partner agencies also encourage minority clients to sign up for text alerts related to overdose events and have launched their own alerts for program updates. Additionally, harm reduction vending machines are maintained and promoted. Funding from OD2A LOCAL has supported staffing for distribution and educational programs on safer crack and meth use, linked to naloxone distribution for opioid-naive clients, and has financed marketing efforts to promote expanded services. Agencies are recruiting people with lived experience (PWLE) as part of chronic pain management with opioids. Recruitment flyers are disseminated at community partner events and through clinicians/hospitals.

The agencies collaborate with local county organizations and other partner agencies to serve the PWUD, especially those from racially and ethnically diverse, underserved and disproportionally affected communities. For example, to focus on criminal justice-involved adults, an agency is working to strengthen partnerships with county jail medical providers. They also partnered with an LGBTQ-specific SUD facility for events. Additionally, they conducted street-based outreach with harm reduction supplies and nursing staff focuses on engaging unhoused individuals.

Partner agencies also identified underserved and most disproportionate populations through other programs. One agency, through community outreach, identified neighborhoods with high incidences of older homes with lead poisoning or with lead in them, which also tend to be in neighborhoods that are disproportionately affected by overdose. This program is taking harm reduction kits and distributing them in these communities. The agency noted that at first the people weren't interested but now the agency is gaining trust in the community.

The agencies improved equitable access to harm reduction services by focusing on culturally competent outreach, building trust within minority communities, and expanding efforts into community spaces like barbershops and churches. They hosted church events and participated in health fairs to connect with Black/African American communities and families, further broadening their reach. Latino and Spanish-speaking populations too have seen the benefits, but barriers remain,

including stigma in Hispanic churches, limited resources due to understaffing, and inconsistent community engagement.

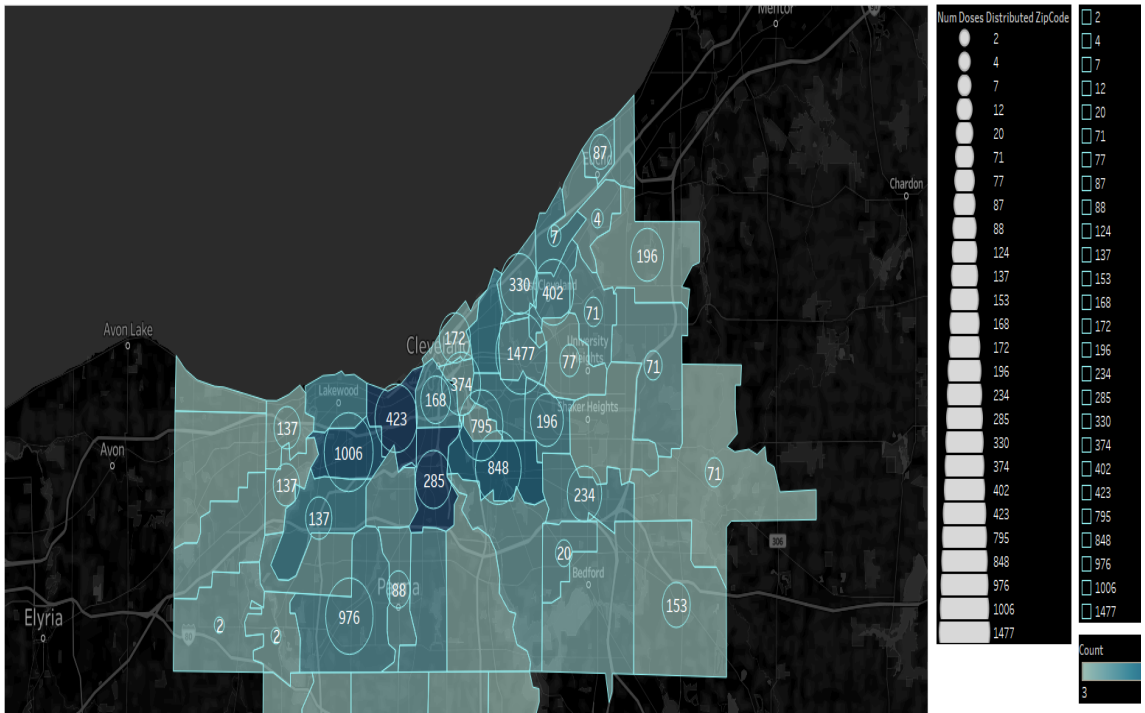
Collaborations with county health care systems and other harm reduction service providers have also enhanced naloxone distribution, provided bilingual education to linguistically diverse individuals, and built connections with refugee populations among others. Some agencies that have not yet gathered significant data on the impact of stigma or equity on naloxone distribution, noted that harm reduction efforts have generally been well-received when delivered in community settings. They are aware of the need for additional data to better assess how different populations are benefiting, particularly in terms of addressing stigma around harm reduction. Other aspects identified as in need of improvement are wanting a cohesive voice and needing a call to action for spike overdose alerts, which relates to surveillance and harm reduction.

As referenced through the harm reduction efforts of the CCOD2A LOCAL Initiative, partner agencies distributed naloxone kits. Figure 3 shows the relationship between overdose deaths by zip code from 2020-2023 and locations where naloxone was distributed by partner agencies during Year One. As shown naloxone is being distributed in many locations where there are a high number of overdose deaths. Figure 4 is a scatterplot that shows the relationship between deaths by zip code from 2020-2023 versus naloxone distribution. Although the areas of highest need based on historic overdose deaths are receiving the most naloxone, the relationship is not strong (R-squared = 0.1520). Distribution may not be equitable, as certain zip codes such as 44109 and 44102 which have the highest number of overdose deaths in the county, are not receiving as much naloxone as other zip codes. It is important to note that this data only reflects naloxone distribution for agencies involved in the OD2A LOCAL Initiative and does not represent data regarding all naloxone distribution within Cuyahoga County.

Figure 3

2020-2023 Drug-Related Deaths and Strategy 2A Naloxone Distribution Reported by Zip Code

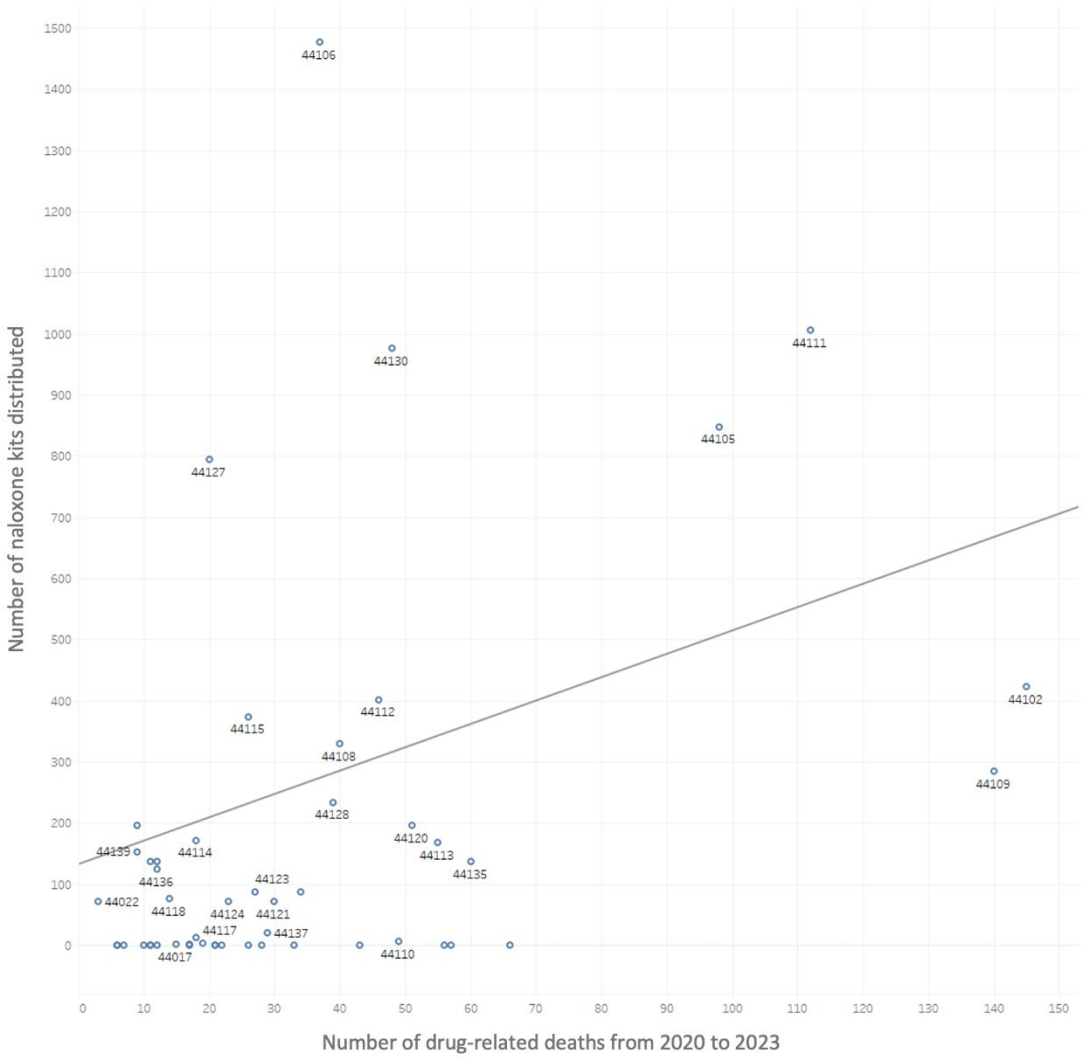
Drug-related deaths (counts from 2020 to 2023) and OD2A naloxone distribution by ZIP Code. Darker ZIP codes represent higher numbers of deaths, larger circles represent higher number naloxone kits distributed.



Map based on Longitude (generated) and Latitude (generated) and Latitude (generated). Details are shown for Postal. For pane Latitude (generated): Color shows sum of Count. For pane Latitude (generated) (2): Color shows details about Num Doses Distributed ZipCode. Size shows details about Num Doses Distributed ZipCode. The marks are labeled by Num Doses Distributed ZipCode. Details are shown for Num Doses Distributed ZipCode, Num Doses Distributed ZipCode and Postal. The data is filtered on Action (Postal,Year Of Death), Year Of Death Year and Zip Code. The Action (Postal,Year Of Death) filter keeps 2,950 members. The Year Of Death Year filter keeps 2021, 2022 and 2023. The Zip Code filter keeps 51 members. The view is filtered on Postal, which keeps no members.

Figure 4

Scatterplot of 2020-2023 Drug-Related Deaths and Strategy 2A Naloxone Distribution by Zip Code



To promote health equity, partner agencies are using data to develop and implement programs that address the needs of populations disproportionately affected by overdose. This data-driven approach informs not only direct intervention but also supports hiring practices, cultural competence training, and tailoring services to meet community-specific needs.

Data on geographic overdose trends and demographic characteristics guides where and how resources are deployed. For example, The Centers for F/C adjusted harm reduction supplies based on the specific needs of neighborhoods, distributing more smoking kits in areas like East Cleveland where smoking-related substance use is more prevalent. PWB and HUMADAOP also used high-overdose zip codes to focus harm

reduction outreach, such as naloxone distribution and bilingual support in predominantly Hispanic areas like zip codes 44102 and 44109.

Agencies like HUMADAOP and SOC prioritized hiring bilingual, culturally competent staff to serve diverse communities. HUMADAOP employs bilingual peer support navigators to reach the Hispanic community, while SOC tailors its interventions to low-income, minority, and refugee populations, including recent immigrants from Ukraine. T4C considers demographic data in its hiring to ensure staff representation aligns with the communities they serve, which includes a focus on race, ethnicity, and neighborhood backgrounds.

Partner agencies have integrated cultural competence training to improve interactions with underserved populations. Woodrow focuses on training its staff to serve clients from various backgrounds, especially individuals experiencing homelessness. Additionally, CSU has tailored its services for underserved groups, including non-English speakers and individuals with sensory or literacy impairments, providing linguistically appropriate resources and information in Spanish. MetroHealth and Thrive use mental health and substance use data to adapt training programs, offering targeted training topics like Mental Health First Aid and Your Words matter and specialized provider education on racial and ethnic health disparities.

Agencies benefit from data shared by local entities such as the CCBH, the CCMEO and Cleveland Division of Police. T4C leverages data from these sources to inform intervention sites, focusing on predominantly Black neighborhoods in Cleveland's East Side. Thrive also uses hospital and managed care data on emergency department utilization to identify gaps and shape responsive interventions in underserved areas.

In summary, Year One advancements have shown that partner agencies are using health equity data to create more tailored, culturally relevant, and community-specific programs. By adjusting services based on demographic insights, hiring culturally aligned staff, and focusing on high-need areas, these agencies work collaboratively to address the unique challenges faced by those disproportionately impacted by substance use and overdose. Despite these accomplishments, challenges remain, including privacy concerns around data collection and limited culturally specific resources, which restrict populations' ability to fully benefit from these harm reduction tools. Transportation and logistical challenges have consistently hindered equitable access to services. Agencies like HUMADAOP and MetroHealth addressed this by providing transportation assistance for SUD appointments/treatment linkages. Yet, transportation remains a pervasive barrier, particularly in low-resource neighborhoods with limited public transit options. Data gaps, such as the lack of information on routes of drug use, also limit the ability to tailor interventions effectively.

SURVEILLANCE

During Year One, the CCBH Surveillance Team continued to improve the current infrastructure of CCBH Overdose Data Dashboard with the goals of (a) improving drug overdose morbidity surveillance, and (b) facilitating data-informed decision-making by prevention partners and decrease non-fatal and fatal drug overdoses in Cuyahoga County.

PARTNER AGENCIES

- CENTERS for F/C
- CDPH
- CSU
- CCBH
- HUMADAOP
- MetroHealth
- PWB
- SOC
- The Center
- Thrive
- T4C
- Woodrow

The Cuyahoga County Overdose Data Dashboard (https://ccbh.net/overdose-data-dashboard/), includes drug death, prescribing, ED visit, and harm reduction (naloxone) data that is routinely updated. During Year One CCBH continued to compile and organize data for the overdose data dashboard, including updating the drug chemistry page of drug seizure and death data. Dashboard enhancements integrated co-occurring drug mapping which provided more nuanced trend identification of drugs contributing to deaths and highlighted disparities. New data sources included local drug test data for 2023 from Millennium Health, Cleveland police sudden illness data through the Cleveland data portal and nonfatal drug overdoses in the ED through the Ohio Disease Reporting System. Data products this year included the annual Drug Overdose Integrated Epidemiological Profile and two quarterly bulletins.

New this year, CCBH worked with T4C on overdose spike response planning to develop a more coordinated community response. One effort included collaborating with the SOAR Initiative to push the overdose alerts through their bad batch alert system for increased reach. CCBH completed the ReadyNotify overdose alert contact list setup and successfully tested the ReadyNotify overdose alert system. CCBH also connected the CCMEO to this resource. CCBH continued to analyze overdose anomalies and respond to overdose alerts using EpiCenter data. For example, in February 2024 overdose alert analysis detected an unusual demographic trend, elevated ED visits for suspected overdoses among females and youth.

During Year One the CCBH also enhanced their relationships with partner agencies to assist with their data needs, including providing data and analysis to show the need to expand the syringe exchange outside the City of Cleveland, hot spot analysis (fatal and non-fatal) for program/outreach planning, and provided longitudinal EpiCenter data for spike overlay analysis and the Community Health Assessment use planning meeting. Enhancement of the dashboard also helped to display some disparities in the community and differentiation by geography and race.

Agencies like The Centers for F/C and MetroHealth utilized data on overdose rates by geography, demographics, and drug type to guide site expansions, optimize and tailor harm reduction supplies, and adjust educational programming. MetroHealth, for example, used overdose data dashboards from CCBH and fatal overdose reports from CCMEO to plan training for providers in Year Two, with a particular focus on racially and ethnically tailored interventions. Thrive also benefited from insights into

substance use trends and workforce shortages, using hospital-level data to justify staffing needs at specific MetroHealth locations.

The need for culturally specific data was highlighted by HUMADAOP and T4C. HUMADAOP highlighted the need for more granular data on Hispanic populations, broken down by nationality, to better address overdose impacts among subgroups like Puerto Ricans and Mexicans. T4C emphasized the importance of data on overdose trends within predominantly Black neighborhoods, such as East Cleveland and Euclid, to inform outreach efforts. These targeted data needs reflect an awareness of community struggles and a commitment to addressing health disparities through population-appropriate interventions.

CONCLUSION

The OD2A LOCAL partner agencies have collectively made important strides in improving access to care and treatment for individuals impacted by substance use, particularly PWUD and those most affected by overdose. Their strategies focus on addressing both systemic and individual barriers to recovery, with an emphasis on community engagement, harm reduction, cultural competence, and personalized care. Each agency has taken unique approaches to overcoming the significant challenges faced by high-risk populations, but common themes across their efforts highlight the need for flexibility, accessibility, and holistic care.

One of the most consistent improvements across these agencies is the focus on flexible, client-centered care models. Several agencies have adopted a non-discharge or open-door policy, allowing clients to re-engage with services whenever they are ready. This flexibility acknowledges the many personal and logistical barriers that individuals face in accessing care, such as transportation challenges, housing instability, and life events. Tracking client progress and following up regularly, especially after events like incarceration or treatment lapses, has been identified as an effective strategy to improve long-term engagement.

Several agencies have been successful in expanding their outreach efforts to specific communities. For example, HUMADAOP has focused on culturally competent outreach within Latino communities, using trusted spaces like churches and community centers to build rapport and engage individuals in harm reduction efforts, such as naloxone distribution. Similarly, Thrive has tailored its approach to reach high-risk areas by hiring peer recovery specialists from the communities they serve. These peer specialists are able to connect with clients in a way that is relatable and culturally sensitive, fostering trust and improving access to services.

However, outreach and engagement strategies are not without challenges. Many individuals face barriers related to literacy, language, and transportation that prevent them from fully accessing the support available to them. Housing instability remains a significant challenge, with individuals losing access to housing vouchers if they are not in residence for a certain period, which complicates efforts to secure stable housing for clients in recovery.

Harm reduction remains a key component of the overall strategy for these agencies. Efforts like naloxone distribution, overdose prevention education, and partnerships with local agencies to address social determinants of health have helped reduce the risk of overdose and improve access to care. These harm reduction initiatives are particularly important for individuals who are hesitant to engage with traditional treatment systems due to past negative experiences or fear of judgment.

OD2A agencies' efforts have significantly enhanced health equity by expanding access to harm reduction resources, addressing logistical barriers, using data to guide interventions, and promoting culturally competent, peer-driven support. However, systemic issues like transportation, stigma, staff turnover, and data limitations remain. The ongoing collaboration highlights the need for a holistic approach to create an equitable healthcare environment for PWUD, addressing both individual and structural barriers.